



Pulmonary Conduit Study

PATIENT ENROLLMENT FORM

OVERALL GOAL & OBJECTIVES

- Assemble a multi-institutional inception cohort of infants less than 2 years of age having pulmonary ventricle-pulmonary artery conduit placement
- Determine the best conduit for infants and young children
- Determine optimal conduit for replacement of previous conduits

INCLUSION CRITERIA

- Valved Conduit implant at age < 2 years at member institution. Date of first implant AFTER January 1, 2002
Note: Patients who have 1.5 ventricle repair (e.g. CCTGA) are included
- Survival to hospital discharge after conduit insertion
- First pulmonary ventricle-pulmonary artery conduit placement
- Informed consent from patient's parent or guardian

EXCLUSION CRITERIA

- Single ventricle RV-PA Conduit, e.g. Norwood RV-PA conduit
- Non-valved conduit
- VSD fenestrated or not closed

For CHSS Data Center use only

Date placed on Registry: _____ Enrolled by: _____
Study Number: _____

To be completed by Enrollment Institution, for EACH patient being enrolled

Patient: _____ Date of Birth: _____
Parents' Names: _____ Date of Death (if applicable): _____
Address: _____ Gender: Male Female Race: _____
Birth Weight: _____ Birth Height: _____
Email Address: _____
Phone: _____ Surgeon: _____
Institution: _____ Pediatric Cardiologist: _____
Hospital Number: _____ Local Physician: _____
Date of first conduit placement: _____
Cardiac Diagnosis: _____

What needs to be sent for each patient?

- | | |
|--|---|
| <input type="checkbox"/> Copy of signed consent form | <input type="checkbox"/> All Cath reports (diagnostic or intervention) |
| <input type="checkbox"/> Admission Slip or equivalent for demographic information | <input type="checkbox"/> Echo report (pre-conduit echo and ALL echoes post conduit placement – including any TEE) |
| <input type="checkbox"/> Admission history and physical (to include height, weight, oxygen saturation, signs and symptoms) | <input type="checkbox"/> Discharge summaries |
| <input type="checkbox"/> ALL Operative reports | <input type="checkbox"/> Cardiac Clinic letters |
| <input type="checkbox"/> Implant sheet (Manufacturer, Serial #, donor information) | <input type="checkbox"/> Any subsequent cardiac related hospital admission |
| <input type="checkbox"/> ALL Perfusion records (to include patient blood type) | <input type="checkbox"/> Autopsy report / Death report (if applicable) |



555 University Avenue
Toronto ON M5G 1X8 Canada
TOLL FREE: 1-866-477-CHSS (2477)
Fax: 416-813-8776
Email: chss.dc@sickkids.ca
Website: www.chssdc.org

CHSS DATA CENTER STAFF
William G. Williams, MD, FRCSC
Director
Christopher Caldarone, MD, FACS
Staff Surgeon
Maulik Baxi, MD, MPH
Research Program Manager

CHSS DATA CENTER STAFF
Sally Cai, MSc
Database Manager
Anusha Jegatheeswaran, MD
Kirklín/Ashburn
CHSS Data Center Fellow

**CLINICAL RESEARCH
PROJECT COORDINATORS**
Olga Levesque, BA
Candice Cumberbatch
STATISTICAL CONSULTANTS
Dr Brian McCrindle, MD
Dr Eugene Blackstone, MD, MPH