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HEART VALVE RECIPIENT REGISTRATION FORM

Centre		Telephone number	
Physician		Contact to	

RECIPIENT

Name Initials		Date of birth		M/F

STRUCTURE AFFECTED / PREVIOUS REPLACEMENT

STRUCTURE AFFECTED			PREVIOUS REPLACEMENT	
❍ Aortic valve	❍ Pulmonary valve	❍ Aorto-iliac bifurcation	❍ None	❍ Allograft
❍ Aorta arch	❍ Pulmonary artery	❍ Arteries	❍ Artificial graft	❍ Xenograft
❍ Other:				

NYHA Class	□ I	□ IIA	□ IIB	□ III	□ IV

TYPE OF DYSFUNCTION

❍ Atresia	❍ Defect	❍ Hypoplasia	❍ Insufficiency	❍ Paravalvular leakage
❍ Aneurysm	❍ Degeneration	❍ Infection	❍ Stenosis	
❍ Other:				

UNDERLYING DISEASE

❍ Active endocarditis	❍ s/p endocarditis	❍ hypoplastic left heart	❍ hypoplastic right heart	❍ Truncus arteriosus communis
❍ Tetralogy of Fallot	❍ valve anomalia	❍ Non valvular anomalia	❍ Coarctatio interruptio aortae	❍ Transposition greater arteries
❍ Other				

REQUIRED GRAFT

❍ Aortic valve	❍ Pulmonary valve	❍ Aortic *or* Pulmonary valve	❍ Aortoiliac bifurcation	❍ Thoracic Aorta
❍ Aortic patch	❍ Pulmonary patch	❍ Aortic *and* Pulmonary valve	❍ Iliac femoral artery	

Diameter range (*mm*)		Minimal length (*mm*)		Bifurcation/Arch	YES	NO
Operation date		*Remarks:*				

The undersigned (Medical Doctor), declares that the above-mentioned patient agrees to provide the requested data to ETB-BISLIFE for the purpose of registration as a possible graft recipient and to match these data against the data of available grafts. Furthermore, the undersigned declares that the patient has given permission for use of transplantation data, as far as necessary to optimize the mediation services of ETB-BISLIFE

Date: ***Name of MD:*** ***Signature:***