

INSTRUCTIONS: Complete this form for all TRIAL patients who receive a heart transplant. Record measurements *prior* to transplant and again at Study Visit 4.

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____

Replaced by blinded subject ID

blind_id	Blinded ID
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A2. Acrostic Identifier _____

Removed to protect privacy

A3. Study visit

STUDY VISIT 1.....	1
STUDY VISIT 2.....	2
STUDY VISIT 3 (12 mos. age).....	3
STUDY VISIT 4 (14 mos. age).....	4

VISIT	A3. Study visit
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A4. Date of form completion

_____ / _____ / _____

M M / D D / Y Y Y Y

Replaced by age (days) at R112 completion

R112_age	<created var>Age at date form completed, days. (A4. COMP_D-DOB)
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A5. Name of person completing form

_____ PRINT FULL NAME _____ INITIALS _____

Removed to protect privacy

Section B: GROWTH MEASURES

B1. Date of measurement

_____ / _____ / _____

M M / D D / Y Y Y Y

Replaced by age (days) at measurement

MEAS_age	<created var>Age at the date of measurement, days (B1. MEASDATE-DOB)
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B2. Length _____ . _____ cm

HT	B2. Length
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B3. Weight _____ . _____ kg

WT	B3. Weight
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B4. Head Circumference _____ . _____ cm

HC	B4. Head Circumference
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