

INSTRUCTIONS: Complete this form when the patient's Stage II surgery is scheduled (or rescheduled) or when it is known that s/he will not have the Stage II surgery because s/he is listed to have a heart transplant.

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 BASELINE 0

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 R118 completion

R118_age	<created var>Age at date form completed, days. (A3. COMP_D-DOB)
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A5. Name of person completing form _____ NAME INITIALS _____

Removed to protect privacy

Section B: SURGERY INFORMATION

B1. Will patient have the Stage II surgery? YES.....1 NO 2 (B2)

HAVESTG2	B1. Will this patient have stage II surgery
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a. Date of Stage II surgery _____ / _____ / _____ - _____ - _____ - _____ (END)
M M / D D / Y Y Y Y

Replaced by age (days) at Stage II surgery

STG2_age	<created var>Age at date of Stage II surgery, days. (B1a. STG2_D-DOB)
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If the surgery date changes, record the new information below.

Rescheduled, new date of Stage II surgery _____ / _____ / _____ - _____ - _____ - _____
M M / D D / Y Y Y Y

Brief description of why rescheduled _____

B2. Reason Stage II surgery won't be performed LISTED FOR TRANSPLANT 1 (END)
 OTHER.....99

Complete
R108

NOSTG2	B2. Reason Stage II surgery won't be performed
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a. Specify: _____

NOSTG2_S	B2a. Specify reason
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FORMSTAT_ID	Unique form/subject ID
DESTATUS	Form completion
VER_ID	1 letter code added to form code to make unique form/version
FORM_ID	4 letter code for the form