

INSTRUCTIONS: Complete this form when the patient's Glenn surgery is scheduled (or rescheduled) or when it is known that s/he will not have the Glenn surgery.

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____ - _____

Replaced by blinded ID

blind_id	Blinded ID
----------	------------

A2. Acrostic Identifier _____

Removed to protect privacy

A3. Study visit BASELINE 0

A4. Date of form completion _____ / _____ / _____

M M / D D / Y Y Y Y

Replaced by age at form completion

comp_age	A4. <created var>Age at form completion, days
----------	---

A5. Name of person completing form _____

NAME INITIALS

Removed to protect privacy

Section B: SURGERY INFORMATION

B1. Will patient have the Glenn surgery? YES..... 1 NO 2 **(B2)**

GLENSURG	B1. Will this patient have the Glenn surgery?
----------	---

a. Date of Glenn surgery _____ / _____ / _____ **(END)**

M M / D D / Y Y Y Y

glenn_age	B1a. <created var>Age at Glenn surgery, days
-----------	--

If the surgery date changes, record the new information below.

Rescheduled, new date of Glenn surgery _____ / _____ / _____

M M / D D / Y Y Y Y

Brief description of why rescheduled _____

INSTRUCTIONS: Complete this form when the patient's Glenn surgery is scheduled (or rescheduled) or when it is known that s/he will not have the Glenn surgery.

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

NOGLEN	B2. Reason Glenn surgery won't be performed
--------	---

a. Specify OTHER _____

NOTE: Complete Form S119 (Heart Transplant) when the patient actually receives the transplant.

NOGLEN_S	B2a. Specify reason Glenn surgery won't be performed
----------	--