



<b>Patient Data</b>		Gender: <input type="radio"/> female <input type="radio"/> male <input type="radio"/> other	Birthdate: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
<b>Baseline (before implantation of a cell-free allograft, if applicable)</b>			
Number of previous cardiovascular surgeries:	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> >5		
Number of previous heart-lung machine operations:	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> >5		
Number of previous valve/ conduit replacements:	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> >5		
	<input type="radio"/> NYHA <input type="radio"/> mod. Ross-Score <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV		
Associated malformations/symptoms:	<input type="radio"/> none	<input type="radio"/> yes: <input style="width:100%;" type="text"/>	
Other, non-cardiac serious disease:	<input type="radio"/> none	<input type="radio"/> yes: <input style="width:100%;" type="text"/>	
<b>Underlying cardiac disease:</b>			
<input type="radio"/> Aortic Stenosis	<input type="radio"/> Coarctation of the Aorta	<input type="radio"/> Other: <input style="width:100%;" type="text"/>	
<input type="radio"/> Pulmonary Stenosis	<input type="radio"/> Truncus arteriosus		
<input type="radio"/> Tetralogy of Fallot			
<b>Type of valve/conduit-replacement:</b> <input style="width:100%;" type="text"/>			
<b>Reason for valve/conduit replacement:</b>			
<input type="radio"/> Arrhythmia	<input type="radio"/> Ventricular	<input type="radio"/> Regurgitation	<input type="radio"/> Other: <input style="width:100%;" type="text"/>
<input type="radio"/> Endocarditis	<input type="radio"/> Stenosis	<input type="radio"/> Dilatation	
<b>Implant</b>	corlife LOT / SEC: <input style="width:100%;" type="text"/>	<b>Implantation Date:</b> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
<input type="radio"/> Cell-free human Aortic Valve, Arise AV	<input type="radio"/> Cell-free human Pulmonary Valve, Espoir PV		
<input type="radio"/> Cell-free Truncus pulmonalis, Espoir TP	<input type="radio"/> Other <input style="width:100%;" type="text"/>		
<b>Current Visit</b>		Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="radio"/> Discharge <input type="radio"/> Follow-up
<b>Tricuspid Regurgitation</b>		<b>Adverse Reactions:</b>	
<input type="radio"/> none <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe		<b>If it is severe, please submit an SAR report!</b>	
<b>RV dysfunction</b>		<input type="radio"/> none <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe	
<input type="radio"/> none <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe		<input type="radio"/> not related <input type="radio"/> related to implant	
<b>Pul. Valve Regurgitation</b>		<input type="radio"/> not resolved <input type="radio"/> resolved w. sequelae <input type="radio"/> resolved	
<input type="radio"/> none <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe		<input type="radio"/> no treatment <input type="radio"/> medication	
<b>Pul. Valve Calcification</b>		<b>Any findings (e.g. ECG), medication, remarks, adverse reactions</b> <input style="width:100%; height:100%;" type="text"/>	
<input type="radio"/> none <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe			
<b>Pul. Valve Annulus diameter</b>	<input style="width:50%;" type="text"/> mm		
<b>CW-Doppler, max gradient</b>	<input style="width:50%;" type="text"/> mmHg		
<b>PW-Doppler, max gradient</b>	<input style="width:50%;" type="text"/> mmHg		
<b>Mitral Regurgitation</b>			
<input type="radio"/> none <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe			
<b>LV dysfunction</b>			
<input type="radio"/> none <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe			
<b>Aortic Valve Regurgitation</b>			
<input type="radio"/> none <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe			
<b>Aortic Valve Calcification</b>			
<input type="radio"/> none <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe			
<b>Aortic Valve Annulus diameter</b>	<input style="width:50%;" type="text"/> mm		
<b>CW-Doppler, max gradient</b>	<input style="width:50%;" type="text"/> mmHg		
<b>PW-Doppler, max gradient</b>	<input style="width:50%;" type="text"/> mmHg		

Date	Name (capital letters)	Signature	Stamp / Affiliation
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Please return to: Fax +49 511 563 539 55 or [vigilance@corlife.eu](mailto:vigilance@corlife.eu)