

Section A: KEY IDENTIFYING INFORMATION

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

Replaced by blinded subject ID

subj_id	Blinded subject ID
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Blinded site ID <created var>

site_id	Blinded site ID
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A2. Acrostic Identifier _____

Removed to protect privacy

A3. Date of form completion _____ / _____ / _____ - _____
M M / D D / Y Y Y Y

Replaced by age

COMP_AGE	<created var> Age (yrs) of the subject at A3. Date of form completion
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A4. Name of person completing form _____
PRINT FULL NAME INITIALS

Removed to protect privacy

Section B: POST-FONTAN FOLLOW-UP COURSE

B1. Cardiac surgical procedures performed after the date of the most recent Fontan YES 1 NO 2 (B2)

CARDSU RG	B1. Cardiac surgical procedures performed
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a. Number of surgical procedures ____ (1-10)

NUMSURG	B1a. Number of surgical procedures
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	a. Surgical Procedure (See code list below)	b. Indication for Procedure (See code list below)	c. Date of Procedure										
1.	____ 1. If Other, specify: _____ _____	____ 1. If Other, specify: _____ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y				
2.	____ 1. If Other, specify: _____ _____	____ 1. If Other, specify: _____ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y				
3.	____ 1. If Other, specify: _____ _____	____ 1. If Other, specify: _____ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y				

Surgical Procedure Code List			
Code	Procedure Name	Code	Procedure Name
01	Patch repair of pulmonary artery stenosis	07	Atrio-ventricular valve oversewn
02	Repair of atrio-ventricular valve for regurgitation	08	Atrio-ventricular valve replacement
03	Atrial septectomy	09	Semilunar valve replacement
04	Revision of superior vena cava connection	10	Aortic arch repair
05	Ligation of main pulmonary artery	11	Pacemaker insertion
06	Division of main pulmonary artery	12	Revision of Fontan
		99	Other

Procedure Indication Code List			
Code	Primary indication for surgical procedure	Code	Primary indication for surgical procedure
01	Stenosis	06	Bradycardia

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02	Low cardiac output	07	Intraatrial reentrant tachycardia
03	Protein-losing enteropathy	08	Ventricular tachycardia
04	Cyanosis	09	Thrombosis
05	High output failure	10	Infection
		99	Other

Section B: Post-Fontan Follow-up Course (continued)

a. Surgical Procedure (See code list below)		b. Indication for Procedure (See code list below)	c. Date of Procedure
4.	<p> ___ ___</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>	<p> ___ ___</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>	<p> M M / D D / Y Y Y Y</p>
5.	<p> ___ ___</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>	<p> ___ ___</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>	<p> M M / D D / Y Y Y Y</p>
6.	<p> ___ ___</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>	<p> ___ ___</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>	<p> M M / D D / Y Y Y Y</p>

If patient had more than 6 post-Fontan surgical procedures, please use and attach Form F04C, Question B1 Supplement to record information about these additional post-Fontan surgical procedures.

Surgical Procedure Code List			
Code	Procedure Name	Code	Procedure Name
01	Patch repair of pulmonary artery stenosis	07	Atrio-ventricular valve oversewn
02	Repair of atrio-ventricular valve for regurgitation	08	Atrio-ventricular valve replacement
03	Atrial septectomy	09	Semilunar valve replacement
04	Revision of superior vena cava connection	10	Aortic arch repair
05	Ligation of main pulmonary artery	11	Pacemaker insertion
06	Division of main pulmonary artery	12	Revision of Fontan
		99	Other

Procedure Indication Code List			
Code	Primary indication for surgical procedure	Code	Primary indication for surgical procedure
01	Stenosis	06	Bradycardia
02	Low cardiac output	07	Intraatrial reentrant tachycardia

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03	Protein-losing enteropathy	08	Ventricular tachycardia
04	Cyanosis	09	Thrombosis
05	High output failure	10	Infection
		99	Other

postfu_sg	<created var> All Post-Fontan surgical procedure codes
CSURG_0	B1a1a. Post-Fontan surgical procedure (0)
CSURG_1	B1a1a. Post-Fontan surgical procedure (1)
CSURG_2	B1a1a. Post-Fontan surgical procedure (2)
CSURG_3	B1a1a. Post-Fontan surgical procedure (3)
CSURG_4	B1a1a. Post-Fontan surgical procedure (4)
CSURG_5	B1a1a. Post-Fontan surgical procedure (5)
CSURG_6	B1a1a. Post-Fontan surgical procedure (6)
CSURG_7	B1a1a. Post-Fontan surgical procedure (7)
CSURG_8	B1a1a. Post-Fontan surgical procedure (8)
SURGOT_0	B1a1a1. Post-Fontan surgical procedure: specify other (0)
SURGOT_1	B1a1a1. Post-Fontan surgical procedure: specify other (1)
SURGOT_2	B1a1a1. Post-Fontan surgical procedure: specify other (2)
SURGOT_3	B1a1a1. Post-Fontan surgical procedure: specify other (3)
SURGOT_4	B1a1a1. Post-Fontan surgical procedure: specify other (4)
SURGOT_5	B1a1a1. Post-Fontan surgical procedure: specify other (5)
SURGOT_6	B1a1a1. Post-Fontan surgical procedure: specify other (6)
SURGOT_7	B1a1a1. Post-Fontan surgical procedure: specify other (7)
SURGOT_8	B1a1a1. Post-Fontan surgical procedure: specify other (8)
postfu_sgi	<created var> All Post-Fontan indications for surgical procedure
CPROC_0	B1a1b. Indication for Post-Fontan surgery (0)
CPROC_1	B1a1b. Indication for Post-Fontan surgery (1)
CPROC_2	B1a1b. Indication for Post-Fontan surgery (2)
CPROC_3	B1a1b. Indication for Post-Fontan surgery (3)
CPROC_4	B1a1b. Indication for Post-Fontan surgery (4)
CPROC_5	B1a1b. Indication for Post-Fontan surgery (5)
CPROC_6	B1a1b. Indication for Post-Fontan surgery (6)
CPROC_7	B1a1b. Indication for Post-Fontan surgery (7)
CPROC_8	B1a1b. Indication for Post-Fontan surgery (8)
PROCOT_0	B1a1b1. Indication for Post-Fontan surgery: specify other (0)
PROCOT_1	B1a1b1. Indication for Post-Fontan surgery: specify other (1)
PROCOT_2	B1a1b1. Indication for Post-Fontan surgery: specify other (2)
PROCOT_3	B1a1b1. Indication for Post-Fontan surgery: specify other (3)
PROCOT_4	B1a1b1. Indication for Post-Fontan surgery: specify other (4)
PROCOT_5	B1a1b1. Indication for Post-Fontan surgery: specify other (5)
PROCOT_6	B1a1b1. Indication for Post-Fontan surgery: specify other (6)
PROCOT_7	B1a1b1. Indication for Post-Fontan surgery: specify other (7)

PROCOT_8	B1a1b1. Indication for Post-Fontan surgery: specify other (8)
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Replaced by age

CPROC_AGE_0	<created var> Age (yrs) of the subject at B1a1c. Date of Post-Fontan surgical procedure (0)
CPROC_AGE_1	<created var> Age (yrs) of the subject at B1a1c. Date of Post-Fontan surgical procedure (1)
CPROC_AGE_2	<created var> Age (yrs) of the subject at B1a1c. Date of Post-Fontan surgical procedure (2)
CPROC_AGE_3	<created var> Age (yrs) of the subject at B1a1c. Date of Post-Fontan surgical procedure (3)
CPROC_AGE_4	<created var> Age (yrs) of the subject at B1a1c. Date of Post-Fontan surgical procedure (4)
CPROC_AGE_5	<created var> Age (yrs) of the subject at B1a1c. Date of Post-Fontan surgical procedure (5)
CPROC_AGE_6	<created var> Age (yrs) of the subject at B1a1c. Date of Post-Fontan surgical procedure (6)
CPROC_AGE_7	<created var> Age (yrs) of the subject at B1a1c. Date of Post-Fontan surgical procedure (7)
CPROC_AGE_8	<created var> Age (yrs) of the subject at B1a1c. Date of Post-Fontan surgical procedure (8)

Section B: Post-Fontan Follow-up Course (continued)

B2. Cardiac catheterization interventions performed after the date of the most recent Fontan YES..... 1 NO..... 2 (B3)
[Do not include diagnostic catheterizations]

POSTCATH	B2. Cardiac catheterization intervention performed
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a. Number of post-Fontan interventions ___ ___ (1-10)

NUM_CATH	B2a. Number of post-Fontan interventions
post_angio	<created var> Number of Post-Fontan Balloon Angioplasties
post_valvulo	<created var> Number of Post-Fontan Balloon Valvuloplasties
post_balloon	<created var> Number of Post-Fontan Balloon Septostomies
post_blade	<created var> Number of Post-Fontan Blade Septostomies
post_ablation	<created var> Number of Post-Fontan Radiofrequency Ablations
post_occluder	<created var> Number of Post-Fontan Septal Occluders
post_stent	<created var> Number of Post-Fontan Stents
post_coil	<created var> Number of Post-Fontan Coils
post_other	<created var> Number of Post-Fontan Other Device Implantations

Post-Fontan Cardiac Catheterization Intervention Code (See Code List F) [code required for data entry]						
	a. Level 1	b. Level 2	c. Level 3	d. Level 4	e. Level 5	f. Date of Catheterization Intervention
1.	_____ g. Primary indication for intervention (See code list below) 1. If primary indication = Other, specify: _____					___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention
2.	_____ g. Primary indication for intervention (See code list below) 1. If primary indication = Other, specify: _____					___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention

Catheterization Intervention Indication Code List			
Code	Primary indication for catheterization intervention	Code	Primary indication for catheterization intervention
01	Stenosis	06	Bradycardia
02	Low cardiac output	07	Intraatrial reentrant tachycardia
03	Protein-losing enteropathy	08	Ventricular tachycardia
04	Cyanosis	09	Thrombosis
05	High output failure	10	Infection
		99	Other

Section B: Post-Fontan Follow-up Course (continued)

Post-Fontan Cardiac Catheterization Intervention Code (See Code List F) [code required for data entry]						f. Date of Catheterization Intervention
a. Level 1	b. Level 2	c. Level 3	d. Level 4	e. Level 5		
3.	_____ - _____ - _____ - _____ - _____ g. Primary indication for intervention (See code list below) _____ 1. If primary indication = Other, specify: _____					____ / ____ / ____ - ____ - ____ - ____ M M D D Y Y Y Y Name of intervention
4.	_____ - _____ - _____ - _____ - _____ g. Primary indication for intervention (See code list below) _____ 1. If primary indication = Other, specify: _____					____ / ____ / ____ - ____ - ____ - ____ M M D D Y Y Y Y Name of intervention
5.	_____ - _____ - _____ - _____ - _____ g. Primary indication for intervention (See code list below) _____ 1. If primary indication = Other, specify: _____					____ / ____ / ____ - ____ - ____ - ____ M M D D Y Y Y Y Name of intervention

Catheterization Intervention Indication Code List			
Code	Primary indication for catheterization intervention	Code	Primary indication for catheterization intervention
01	Stenosis	06	Bradycardia
02	Low cardiac output	07	Intraatrial reentrant tachycardia
03	Protein-losing enteropathy	08	Ventricular tachycardia
04	Cyanosis	09	Thrombosis
05	High output failure	10	Infection
		99	Other

If patient had more than 5 post-Fontan cardiac catheterization interventions, please use and attach Form F04C, Question B2 Supplement to record information about these additional post-Fontan interventions.

Form F04C: Fontan Medical Record Review Form (Part III)

postfu_cath	<created var> All Post-Fontan cardiac catheterization intervention codes
postfu_cath0	B2a1. Post-Fontan cardiac catheterization code (code list F) (0)
postfu_cath1	B2a1. Post-Fontan cardiac catheterization code (code list F) (1)
postfu_cath2	B2a1. Post-Fontan cardiac catheterization code (code list F) (2)
postfu_cath3	B2a1. Post-Fontan cardiac catheterization code (code list F) (3)
postfu_cath4	B2a1. Post-Fontan cardiac catheterization code (code list F) (4)
postfu_cath5	B2a1. Post-Fontan cardiac catheterization code (code list F) (5)
postfu_cath6	B2a1. Post-Fontan cardiac catheterization code (code list F) (6)
postfu_cath7	B2a1. Post-Fontan cardiac catheterization code (code list F) (7)
PCTH1_0	B2a1a. Post-Fontan cardiac cath code (code list F): Level 1 (0)
PCTH1_1	B2a1a. Post-Fontan cardiac cath code (code list F): Level 1 (1)
PCTH1_2	B2a1a. Post-Fontan cardiac cath code (code list F): Level 1 (2)
PCTH1_3	B2a1a. Post-Fontan cardiac cath code (code list F): Level 1 (3)
PCTH1_4	B2a1a. Post-Fontan cardiac cath code (code list F): Level 1 (4)
PCTH1_5	B2a1a. Post-Fontan cardiac cath code (code list F): Level 1 (5)
PCTH1_6	B2a1a. Post-Fontan cardiac cath code (code list F): Level 1 (6)
PCTH1_7	B2a1a. Post-Fontan cardiac cath code (code list F): Level 1 (7)
PCTH2_0	B2a1b. Post-Fontan cardiac cath code (code list F): Level 2 (0)
PCTH2_1	B2a1b. Post-Fontan cardiac cath code (code list F): Level 2 (1)
PCTH2_2	B2a1b. Post-Fontan cardiac cath code (code list F): Level 2 (2)
PCTH2_3	B2a1b. Post-Fontan cardiac cath code (code list F): Level 2 (3)
PCTH2_4	B2a1b. Post-Fontan cardiac cath code (code list F): Level 2 (4)
PCTH2_5	B2a1b. Post-Fontan cardiac cath code (code list F): Level 2 (5)
PCTH2_6	B2a1b. Post-Fontan cardiac cath code (code list F): Level 2 (6)
PCTH2_7	B2a1b. Post-Fontan cardiac cath code (code list F): Level 2 (7)
PCTH3_0	B2a1c. Post-Fontan cardiac cath code (code list F): Level 3 (0)
PCTH3_1	B2a1c. Post-Fontan cardiac cath code (code list F): Level 3 (1)
PCTH3_2	B2a1c. Post-Fontan cardiac cath code (code list F): Level 3 (2)
PCTH3_3	B2a1c. Post-Fontan cardiac cath code (code list F): Level 3 (3)
PCTH3_4	B2a1c. Post-Fontan cardiac cath code (code list F): Level 3 (4)
PCTH3_5	B2a1c. Post-Fontan cardiac cath code (code list F): Level 3 (5)
PCTH3_6	B2a1c. Post-Fontan cardiac cath code (code list F): Level 3 (6)
PCTH3_7	B2a1c. Post-Fontan cardiac cath code (code list F): Level 3 (7)
PCTH4_0	B2a1d. Post-Fontan cardiac cath code (code list F): Level 4 (0)
PCTH4_1	B2a1d. Post-Fontan cardiac cath code (code list F): Level 4 (1)
PCTH4_2	B2a1d. Post-Fontan cardiac cath code (code list F): Level 4 (2)
PCTH4_3	B2a1d. Post-Fontan cardiac cath code (code list F): Level 4 (3)
PCTH4_4	B2a1d. Post-Fontan cardiac cath code (code list F): Level 4 (4)
PCTH4_5	B2a1d. Post-Fontan cardiac cath code (code list F): Level 4 (5)
PCTH4_6	B2a1d. Post-Fontan cardiac cath code (code list F): Level 4 (6)
PCTH4_7	B2a1d. Post-Fontan cardiac cath code (code list F): Level 4 (7)
PCTH5_0	B2a1e. Post-Fontan cardiac cath code (code list F): Level 5 (0)

Form F04C: Fontan Medical Record Review Form (Part III)

PCTH5_1	B2a1e. Post-Fontan cardiac cath code (code list F): Level 5 (1)
PCTH5_2	B2a1e. Post-Fontan cardiac cath code (code list F): Level 5 (2)
PCTH5_3	B2a1e. Post-Fontan cardiac cath code (code list F): Level 5 (3)
PCTH5_4	B2a1e. Post-Fontan cardiac cath code (code list F): Level 5 (4)
PCTH5_5	B2a1e. Post-Fontan cardiac cath code (code list F): Level 5 (5)
PCTH5_6	B2a1e. Post-Fontan cardiac cath code (code list F): Level 5 (6)
PCTH5_7	B2a1e. Post-Fontan cardiac cath code (code list F): Level 5 (7)
postfu_cathi	<created var> All Post-Fontan indications for cardiac catheterization
PCTH6_0	B2a1g. Post-Fontan cardiac cath: primary indication code (0)
PCTH6_1	B2a1g. Post-Fontan cardiac cath: primary indication code (1)
PCTH6_2	B2a1g. Post-Fontan cardiac cath: primary indication code (2)
PCTH6_3	B2a1g. Post-Fontan cardiac cath: primary indication code (3)
PCTH6_4	B2a1g. Post-Fontan cardiac cath: primary indication code (4)
PCTH6_5	B2a1g. Post-Fontan cardiac cath: primary indication code (5)
PCTH6_6	B2a1g. Post-Fontan cardiac cath: primary indication code (6)
PCTH6_7	B2a1g. Post-Fontan cardiac cath: primary indication code (7)
PCTHOT_0	B2a1g1. Post-Fontan cardiac cath: primary indication (sp. other) (0)
PCTHOT_1	B2a1g1. Post-Fontan cardiac cath: primary indication (sp. other) (1)
PCTHOT_2	B2a1g1. Post-Fontan cardiac cath: primary indication (sp. other) (2)
PCTHOT_3	B2a1g1. Post-Fontan cardiac cath: primary indication (sp. other) (3)
PCTHOT_4	B2a1g1. Post-Fontan cardiac cath: primary indication (sp. other) (4)
PCTHOT_5	B2a1g1. Post-Fontan cardiac cath: primary indication (sp. other) (5)
PCTHOT_6	B2a1g1. Post-Fontan cardiac cath: primary indication (sp. other) (6)
PCTHOT_7	B2a1g1. Post-Fontan cardiac cath: primary indication (sp. other) (7)
PCTHNAME_0	B2a1gh. Post-Fontan cardiac cath: name of intervention (0)
PCTHNAME_1	B2a1gh. Post-Fontan cardiac cath: name of intervention (1)
PCTHNAME_2	B2a1gh. Post-Fontan cardiac cath: name of intervention (2)
PCTHNAME_3	B2a1gh. Post-Fontan cardiac cath: name of intervention (3)
PCTHNAME_4	B2a1gh. Post-Fontan cardiac cath: name of intervention (4)
PCTHNAME_5	B2a1gh. Post-Fontan cardiac cath: name of intervention (5)
PCTHNAME_6	B2a1gh. Post-Fontan cardiac cath: name of intervention (6)
PCTHNAME_7	B2a1gh. Post-Fontan cardiac cath: name of intervention (7)

Replaced by age

PCTH_AGE_0	<created var> Age (yrs) of the subject at B2a1f. Date of Post-Fontan cardiac cath (0)
PCTH_AGE_1	<created var> Age (yrs) of the subject at B2a1f. Date of Post-Fontan cardiac cath (1)
PCTH_AGE_2	<created var> Age (yrs) of the subject at B2a1f. Date of Post-Fontan cardiac cath (2)
PCTH_AGE_3	<created var> Age (yrs) of the subject at B2a1f. Date of Post-Fontan cardiac cath (3)
PCTH_AGE_4	<created var> Age (yrs) of the subject at B2a1f. Date of Post-Fontan cardiac cath (4)
PCTH_AGE_5	<created var> Age (yrs) of the subject at B2a1f. Date of Post-Fontan cardiac cath (5)
PCTH_AGE_6	<created var> Age (yrs) of the subject at B2a1f. Date of Post-Fontan cardiac cath (6)
PCTH_AGE_7	<created var> Age (yrs) of the subject at B2a1f. Date of Post-Fontan cardiac cath (7)

Section B: Post-Fontan Follow-up Course (continued)

Post-Fontan Complications

B3. Stroke YES.....1 NO.....2 (B4)

Do NOT count post-Fontan strokes which occurred prior to the Fontan hospital discharge date. Strokes occurring prior to the Fontan procedure discharge date should be included in the list of post-operative complications (Form F04B, Question C9).

STROKE4C	B3. Stroke
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a. Number of strokes _____ (1-6)

NUMSTRKE	B3a. Number of strokes
----------	------------------------

a. Date of Stroke	b. Permanent Residual Deficits	
	YES	NO
1. <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> M M D D Y Y Y Y	1	2
2. <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> M M D D Y Y Y Y	1	2
3. <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> M M D D Y Y Y Y	1	2
4. <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> M M D D Y Y Y Y	1	2
5. <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> M M D D Y Y Y Y	1	2
6. <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> M M D D Y Y Y Y	1	2

postfu_deficits	<created var> Permanent residual deficits from ANY Post-Fontan strokes?
PERMDEFS_0	B3a1b. Post-Fontan stroke: permanent residual deficits? (0)
PERMDEFS_1	B3a1b. Post-Fontan stroke: permanent residual deficits? (1)

Replaced by age

STROKE_AGE_0	<created var> Age (yrs) of the subject at B3a1a. Date of Post-Fontan stroke (0)
STROKE_AGE_1	<created var> Age (yrs) of the subject at B3a1a. Date of Post-Fontan stroke (1)

B4. Seizure YES 1 NO 2
 (B5)

Do NOT count post-Fontan seizures which occurred prior to the Fontan hospital discharge date. Seizures occurring prior to the Fontan procedure discharge date should be included in the list of post-operative complications (Form F04B, Question C9).

SEIZURE	B4. Seizure
---------	-------------

a. Date of first post-Fontan seizure _____ / _____ / _____
 M M D D Y Y Y Y

Replaced by age

SEIZ1_AGE	<created var> Age (yrs) of the subject at B4a. a. Date of first post-Fontan seizure
-----------	---

b. Date of most recent post-Fontan seizure _____ / _____ / _____
 M M D D Y Y Y Y

Replaced by age

SEIZ2_AGE	<created var> Age (yrs) of the subject at B4b. b. Date of most recent post-Fontan seizure
-----------	---

c. Does the patient have a chronic seizure disorder? YES 1 NO 2

CHRSZRE	B4c. c. Does patient have chronic seizure disorder?
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Section B: Post-Fontan Follow-up Course (continued)

Post-Fontan Complications

B5. Thrombosis YES 1 NO 2 (B6)

THRMBSIS	B5. Thrombosis
----------	----------------

a. Number of events _____ (1-6)

NUMTHRM	B5a. Number of events
---------	-----------------------

1. Thrombosis event 1

a. Date of diagnosis _____ / _____ / _____

M M / D D / Y Y Y Y

Replaced by age

THROM_AGE_0	<created var> Age (yrs) of the subject at B5a1a. Post-Fontan thrombosis: date of diagnosis (0)
-------------	--

b. Method of diagnosis	YES	NO
1. TEE	1	2
2. TTE	1	2
3. MRI	1	2
4. Cardiac catheterization	1	2
5. Clinical	1	2

TEEDIAG_0	B5a1b1. Post-Fontan thrombosis: TEE diagnosis (0)
TTEDIAG_0	B5a1b2. Post-Fontan thrombosis: TTE diagnosis (0)
MRIDIAG_0	B5a1b3. Post-Fontan thrombosis: MRI diagnosis (0)
CATHDIAG_0	B5a1b4. Post-Fontan thrombosis: CATH diagnosis (0)
CLINDIAG_0	B5a1b5. Post-Fontan thrombosis: CLINCAL diagnosis (0)

c. Number of locations _____ (1-5)

NUMTHLOC_0	B5a1c. Post-Fontan thrombosis: number of locations (0)
------------	--

d. Location of thrombosis (**See code list below**)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Code list for thrombus locations			
01	Inferior vena cava (IVC)	11	Hepatic veins (Vein hep)
02	Lateral Tunnel (Lat Tun)	12	Innominate vein (Vein inn)
03	Right atrium (RA)	13	Right subclavian vein (Vein RSC)
04	Left Atrium (LA)	14	Left subclavian vein (Vein LSC)
05	Extracardiac conduit (ECC)	15	Azygous vein (Vein azy)
06	Pulmonary artery (PA) main	16	Hemiazygous vein (Vein Hemi Azy)
07	Pulmonary artery (PA) right	17	Right ventricle (RV)
08	Pulmonary artery (PA) left	18	Left ventricle (LV)

Form F04C: Fontan Medical Record Review Form (Part III)

5. ____

09	Superior vena cava (SVC) right	19	Aortic valve (AoV)
10	Superior vena cava (SVC) left	20	Aorta (Ao)
		99	Other

e. If code=99 (Other), specify location: _____

postfu_throm0	<created var> All Post-Fontan thrombosis locations (0)
THRML0C1_0	B5a1d1. Post-Fontan thrombosis: location 1 (0)
THROM0T1_0	B5a1d1a. Post-Fontan thrombosis: specify location 1 (0)
THRML0C2_0	B5a1d2. Post-Fontan thrombosis: location 2 (0)
THROM0T2_0	B5a1d2a. Post-Fontan thrombosis: specify location 2 (0)
THRML0C3_0	B5a1d3. Post-Fontan thrombosis: location 3 (0)
THROM0T3_0	B5a1d3a. Post-Fontan thrombosis: specify location 3 (0)
THRML0C4_0	B5a1d4. Post-Fontan thrombosis: location 4 (0)
THROM0T4_0	B5a1d4a. Post-Fontan thrombosis: specify location 4 (0)
THRML0C5_0	B5a1d5. Post-Fontan thrombosis: location 5 (0)
THROM0T5_0	B5a1d5a. Post-Fontan thrombosis: specify location 5 (0)

Section B: Post-Fontan Follow-up Course (continued)

Post-Fontan Complications

2. Thrombosis event 2

a. Date of diagnosis

/ /

Replaced by age

THROM_AGE_1	<created var> Age (yrs) of the subject at B5a1a. Post-Fontan thrombosis: date of diagnosis (1)
-------------	--

b. Method of diagnosis

	YES	NO
1. TEE	1	2
2. TTE	1	2
3. MRI	1	2
4. Cardiac catheterization	1	2
5. Clinical	1	2

TEEDIAG_1	B5a1b1. Post-Fontan thrombosis: TEE diagnosis (1)
TTEDIAG_1	B5a1b2. Post-Fontan thrombosis: TTE diagnosis (1)
MRIDIAG_1	B5a1b3. Post-Fontan thrombosis: MRI diagnosis (1)
CATHDIAG_1	B5a1b4. Post-Fontan thrombosis: CATH diagnosis (1)
CLINDIAG_1	B5a1b5. Post-Fontan thrombosis: CLINCAL diagnosis (1)

c. Number of locations (1-5)

NUMTHLOC_1	B5a1c. Post-Fontan thrombosis: number of locations (1)
------------	--

d. Location of thrombosis (**See code list below**)

- 1.
- 2.
- 3.
- 4.
- 5.

Code list for thrombus locations			
01	Inferior vena cava (IVC)	11	Hepatic veins (Vein hep)
02	Lateral Tunnel (Lat Tun)	12	Innominate vein (Vein inn)
03	Right atrium (RA)	13	Right subclavian vein (Vein RSC)
04	Left Atrium (LA)	14	Left subclavian vein (Vein LSC)
05	Extracardiac conduit (ECC)	15	Azygous vein (Vein azy)
06	Pulmonary artery (PA) main	16	Hemiazygous vein (Vein Hemi Azy)
07	Pulmonary artery (PA) right	17	Right ventricle (RV)
08	Pulmonary artery (PA) left	18	Left ventricle (LV)
09	Superior vena cava (SVC) right	19	Aortic valve (AoV)
10	Superior vena cava (SVC) left	20	Aorta (Ao)
		99	Other

e. If code=99 (Other), specify location: _____

postfu_throm1	<created var> All Post-Fontan thrombosis locations (1)
THRML0C1_1	B5a1d1. Post-Fontan thrombosis: location 1 (1)
THROM0T1_1	B5a1d1a. Post-Fontan thrombosis: specify location 1 (1)
THRML0C2_1	B5a1d2. Post-Fontan thrombosis: location 2 (1)
THROM0T2_1	B5a1d2a. Post-Fontan thrombosis: specify location 2 (1)
THRML0C3_1	B5a1d3. Post-Fontan thrombosis: location 3 (1)
THROM0T3_1	B5a1d3a. Post-Fontan thrombosis: specify location 3 (1)
THRML0C4_1	B5a1d4. Post-Fontan thrombosis: location 4 (1)
THROM0T4_1	B5a1d4a. Post-Fontan thrombosis: specify location 4 (1)
THRML0C5_1	B5a1d5. Post-Fontan thrombosis: location 5 (1)
THROM0T5_1	B5a1d5a. Post-Fontan thrombosis: specify location 5 (1)

Section B: Post-Fontan Follow-up Course (continued)

Post-Fontan Complications

3. Thrombosis event 3

a. Date of diagnosis

___ / ___ / ___

M M / D D / Y Y Y Y

Replaced by age

THROM_AGE_2	<created var> Age (yrs) of the subject at B5a1a. Post-Fontan thrombosis: date of diagnosis (2)
-------------	--

b. Method of diagnosis

	YES	NO
1. TEE	1	2
2. TTE	1	2
3. MRI	1	2
4. Cardiac catheterization	1	2
5. Clinical	1	2

TEEDIAG_2	B5a1b1. Post-Fontan thrombosis: TEE diagnosis (2)
TTEDIAG_2	B5a1b2. Post-Fontan thrombosis: TTE diagnosis (2)
MRIDIAG_2	B5a1b3. Post-Fontan thrombosis: MRI diagnosis (2)
CATHDIAG_2	B5a1b4. Post-Fontan thrombosis: CATH diagnosis (2)
CLINDIAG_2	B5a1b5. Post-Fontan thrombosis: CLINCAL diagnosis (2)

c. Number of locations ___ (1-5)

NUMTHLOC_2	B5a1c. Post-Fontan thrombosis: number of locations (2)
------------	--

d. Location of thrombosis (**See code list below**)

- 1. ___
- 2. ___
- 3. ___
- 4. ___
- 5. ___

Code list for thrombus locations			
01	Inferior vena cava (IVC)	11	Hepatic veins (Vein hep)
02	Lateral Tunnel (Lat Tun)	12	Innominate vein (Vein inn)
03	Right atrium (RA)	13	Right subclavian vein (Vein RSC)
04	Left Atrium (LA)	14	Left subclavian vein (Vein LSC)
05	Extracardiac conduit (ECC)	15	Azygous vein (Vein azy)
06	Pulmonary artery (PA) main	16	Hemiazygous vein (Vein Hemi Azy)
07	Pulmonary artery (PA) right	17	Right ventricle (RV)
08	Pulmonary artery (PA) left	18	Left ventricle (LV)
09	Superior vena cava (SVC) right	19	Aortic valve (AoV)
10	Superior vena cava (SVC) left	20	Aorta (Ao)
		99	Other

e. If code=99 (Other), specify location: _____

If patient had more than 3 post-Fontan thrombosis events, please use and attach Form F04C, Question B5 Supplement to record information about these additional post-Fontan thrombosis events.

postfu_throm2	<created var> All Post-Fontan thrombosis locations (2)
THRML0C1_2	B5a1d1. Post-Fontan thrombosis: location 1 (2)
THROM0T1_2	B5a1d1a. Post-Fontan thrombosis: specify location 1 (2)
THRML0C2_2	B5a1d2. Post-Fontan thrombosis: location 2 (2)
THROM0T2_2	B5a1d2a. Post-Fontan thrombosis: specify location 2 (2)
THRML0C3_2	B5a1d3. Post-Fontan thrombosis: location 3 (2)
THROM0T3_2	B5a1d3a. Post-Fontan thrombosis: specify location 3 (2)
THRML0C4_2	B5a1d4. Post-Fontan thrombosis: location 4 (2)
THROM0T4_2	B5a1d4a. Post-Fontan thrombosis: specify location 4 (2)
THRML0C5_2	B5a1d5. Post-Fontan thrombosis: location 5 (2)
THROM0T5_2	B5a1d5a. Post-Fontan thrombosis: specify location 5 (2)

B6. Protein-losing enteropathy YES 1 NO 2 (B7)

PLE	B6. Protein-losing enteropathy
-----	--------------------------------

a. Date of diagnosis

_	_	/	_	_	/	_	_	_	_
M	M	D	D	Y	Y	Y	Y		

Replaced by age

PLE_AGE	<created var> Age (yrs) of the subject at B6a. Date of diagnosis
---------	--

b. Clinical and laboratory findings at presentation

	YES	NO	UNKNOWN
1. Hypoalbuminemia	1	2	-8
2. Ascites	1	2	-8
3. Edema	1	2	-8
4. Elevated stool α -1 antitrypsin	1	2	-8

HYPOALBU	B6b1. Clinical findings: Hypoalbuminemia
ASCITES	B6b2. Clinical findings: Ascites
EDEMA	B6b3. Clinical findings: Edema
ELVSTOOL	B6b4. Clinical findings: Elevated stool antitrypsin

Section B: Post-Fontan Follow-up Course (continued)

Post-Fontan Complications

B7. Arrhythmia YES..... 1 NO.....2 (B8)

ARRHYTH	B7. Arrhythmia
---------	----------------

a. Number of events _____ (1-9)

NUMARRHY	B7a. Number of events
----------	-----------------------

a. Date of Diagnosis	b. Type of Arrhythmia (See code list below)	c. Treatment (See code list below)																				
1. <table border="0"> <tr> <td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>__</td><td>__</td> </tr> <tr> <td>M</td><td>M</td><td></td><td>D</td><td>D</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	__	__	/	__	__	/	__	__	__	__	M	M		D	D		Y	Y	Y	Y	<p>____</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>	<p>____</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>
__	__	/	__	__	/	__	__	__	__													
M	M		D	D		Y	Y	Y	Y													
2. <table border="0"> <tr> <td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>__</td><td>__</td> </tr> <tr> <td>M</td><td>M</td><td></td><td>D</td><td>D</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	__	__	/	__	__	/	__	__	__	__	M	M		D	D		Y	Y	Y	Y	<p>____</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>	<p>____</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>
__	__	/	__	__	/	__	__	__	__													
M	M		D	D		Y	Y	Y	Y													
3. <table border="0"> <tr> <td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>__</td><td>__</td> </tr> <tr> <td>M</td><td>M</td><td></td><td>D</td><td>D</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	__	__	/	__	__	/	__	__	__	__	M	M		D	D		Y	Y	Y	Y	<p>____</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>	<p>____</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>
__	__	/	__	__	/	__	__	__	__													
M	M		D	D		Y	Y	Y	Y													
4. <table border="0"> <tr> <td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>__</td><td>__</td> </tr> <tr> <td>M</td><td>M</td><td></td><td>D</td><td>D</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	__	__	/	__	__	/	__	__	__	__	M	M		D	D		Y	Y	Y	Y	<p>____</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>	<p>____</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>
__	__	/	__	__	/	__	__	__	__													
M	M		D	D		Y	Y	Y	Y													
5. <table border="0"> <tr> <td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>__</td><td>__</td> </tr> <tr> <td>M</td><td>M</td><td></td><td>D</td><td>D</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	__	__	/	__	__	/	__	__	__	__	M	M		D	D		Y	Y	Y	Y	<p>____</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>	<p>____</p> <p>1. If Other, specify:</p> <p>_____</p> <p>_____</p>
__	__	/	__	__	/	__	__	__	__													
M	M		D	D		Y	Y	Y	Y													

If patient had more than 5 post-Fontan arrhythmia events, please use and attach Form F04C, Question B7 Supplement to record information about these additional post-Fontan arrhythmia events.

Form F04C: Fontan Medical Record Review Form (Part III)

Arrhythmia code list	Arrhythmia treatment code list
01 Atrial tachyarrhythmia	01 Pharmacologic
02 Ventricular tachyarrhythmia	02 Radiofrequency ablation
03 Bradycardia	03 AICD placement
04 2 nd or 3 rd degree heart block	04 Cardioversion
99 Other	05 Pacemaker
	99 Other

postfu_atype	<created var> All Post-Fontan arrhythmia types
ARRHTYPE_0	B7a1b. Post-Fontan arrhythmias: type (0)
ARRHTYPE_1	B7a1b. Post-Fontan arrhythmias: type (1)
ARRHTYPE_2	B7a1b. Post-Fontan arrhythmias: type (2)
ARRHTYPE_3	B7a1b. Post-Fontan arrhythmias: type (3)
ARRHTYPE_4	B7a1b. Post-Fontan arrhythmias: type (4)
ARRHTYPE_5	B7a1b. Post-Fontan arrhythmias: type (5)
ARRHTYPE_6	B7a1b. Post-Fontan arrhythmias: type (6)
ARRHTYPE_7	B7a1b. Post-Fontan arrhythmias: type (7)
ARRHTYPE_8	B7a1b. Post-Fontan arrhythmias: type (8)
ARRHTYPE_9	B7a1b. Post-Fontan arrhythmias: type (9)
ARRHTYPE_10	B7a1b. Post-Fontan arrhythmias: type (10)
ARRHTYPE_11	B7a1b. Post-Fontan arrhythmias: type (11)
ARRHTYPE_12	B7a1b. Post-Fontan arrhythmias: type (12)
ARRHOTHR_0	B7a1b1. Post-Fontan arrhythmias: specify other type (0)
ARRHOTHR_1	B7a1b1. Post-Fontan arrhythmias: specify other type (1)
ARRHOTHR_2	B7a1b1. Post-Fontan arrhythmias: specify other type (2)
ARRHOTHR_3	B7a1b1. Post-Fontan arrhythmias: specify other type (3)
ARRHOTHR_4	B7a1b1. Post-Fontan arrhythmias: specify other type (4)
ARRHOTHR_5	B7a1b1. Post-Fontan arrhythmias: specify other type (5)
ARRHOTHR_6	B7a1b1. Post-Fontan arrhythmias: specify other type (6)
ARRHOTHR_7	B7a1b1. Post-Fontan arrhythmias: specify other type (7)
ARRHOTHR_8	B7a1b1. Post-Fontan arrhythmias: specify other type (8)
ARRHOTHR_9	B7a1b1. Post-Fontan arrhythmias: specify other type (9)
ARRHOTHR_10	B7a1b1. Post-Fontan arrhythmias: specify other type (10)
ARRHOTHR_11	B7a1b1. Post-Fontan arrhythmias: specify other type (11)
ARRHOTHR_12	B7a1b1. Post-Fontan arrhythmias: specify other type (12)
postfu_atx	<created var> All Post-Fontan arrhythmia treatment codes
ARRHTRMT_0	B7a1c. Post-Fontan arrhythmias: treatment (0)
ARRHTRMT_1	B7a1c. Post-Fontan arrhythmias: treatment (1)
ARRHTRMT_2	B7a1c. Post-Fontan arrhythmias: treatment (2)
ARRHTRMT_3	B7a1c. Post-Fontan arrhythmias: treatment (3)
ARRHTRMT_4	B7a1c. Post-Fontan arrhythmias: treatment (4)
ARRHTRMT_5	B7a1c. Post-Fontan arrhythmias: treatment (5)
ARRHTRMT_6	B7a1c. Post-Fontan arrhythmias: treatment (6)
ARRHTRMT_7	B7a1c. Post-Fontan arrhythmias: treatment (7)
ARRHTRMT_8	B7a1c. Post-Fontan arrhythmias: treatment (8)

Form F04C: Fontan Medical Record Review Form (Part III)

ARRHTRMT_9	B7a1c. Post-Fontan arrhythmias: treatment (9)
ARRHTRMT_10	B7a1c. Post-Fontan arrhythmias: treatment (10)
ARRHTRMT_11	B7a1c. Post-Fontan arrhythmias: treatment (11)
ARRHTRMT_12	B7a1c. Post-Fontan arrhythmias: treatment (12)
ARRHTXOT_0	B7a1c1. Post-Fontan arrhythmias: specify other treatment (0)
ARRHTXOT_1	B7a1c1. Post-Fontan arrhythmias: specify other treatment (1)
ARRHTXOT_2	B7a1c1. Post-Fontan arrhythmias: specify other treatment (2)
ARRHTXOT_3	B7a1c1. Post-Fontan arrhythmias: specify other treatment (3)
ARRHTXOT_4	B7a1c1. Post-Fontan arrhythmias: specify other treatment (4)
ARRHTXOT_5	B7a1c1. Post-Fontan arrhythmias: specify other treatment (5)
ARRHTXOT_6	B7a1c1. Post-Fontan arrhythmias: specify other treatment (6)
ARRHTXOT_7	B7a1c1. Post-Fontan arrhythmias: specify other treatment (7)
ARRHTXOT_8	B7a1c1. Post-Fontan arrhythmias: specify other treatment (8)
ARRHTXOT_9	B7a1c1. Post-Fontan arrhythmias: specify other treatment (9)
ARRHTXOT_10	B7a1c1. Post-Fontan arrhythmias: specify other treatment (10)
ARRHTXOT_11	B7a1c1. Post-Fontan arrhythmias: specify other treatment (11)
ARRHTXOT_12	B7a1c1. Post-Fontan arrhythmias: specify other treatment (12)

Replaced by age

ARRHDX_AGE_0	<created var> Age (yrs) of the subject at B7a1a. Post-Fontan arrhythmias: date of diagnosis (0)
ARRHDX_AGE_1	<created var> Age (yrs) of the subject at B7a1a. Post-Fontan arrhythmias: date of diagnosis (1)
ARRHDX_AGE_2	<created var> Age (yrs) of the subject at B7a1a. Post-Fontan arrhythmias: date of diagnosis (2)
ARRHDX_AGE_3	<created var> Age (yrs) of the subject at B7a1a. Post-Fontan arrhythmias: date of diagnosis (3)
ARRHDX_AGE_4	<created var> Age (yrs) of the subject at B7a1a. Post-Fontan arrhythmias: date of diagnosis (4)
ARRHDX_AGE_5	<created var> Age (yrs) of the subject at B7a1a. Post-Fontan arrhythmias: date of diagnosis (5)
ARRHDX_AGE_6	<created var> Age (yrs) of the subject at B7a1a. Post-Fontan arrhythmias: date of diagnosis (6)
ARRHDX_AGE_7	<created var> Age (yrs) of the subject at B7a1a. Post-Fontan arrhythmias: date of diagnosis (7)
ARRHDX_AGE_8	<created var> Age (yrs) of the subject at B7a1a. Post-Fontan arrhythmias: date of diagnosis (8)
ARRHDX_AGE_9	<created var> Age (yrs) of the subject at B7a1a. Post-Fontan arrhythmias: date of diagnosis (9)
ARRHDX_AGE_10	<created var> Age (yrs) of the subject at B7a1a. Post-Fontan arrhythmias: date of diagnosis (10)
ARRHDX_AGE_11	<created var> Age (yrs) of the subject at B7a1a. Post-Fontan arrhythmias: date of diagnosis (11)
ARRHDX_AGE_12	<created var> Age (yrs) of the subject at B7a1a. Post-Fontan arrhythmias: date of diagnosis (12)

B8. New onset of ventricular systolic dysfunction since discharge for Fontan procedure
[i.e., ventricular function was normal at the time of discharge and became abnormal after discharge]

YES..... NO.....2 (B9)

NEWDYSF	B8. New onset of ventricular systolic dysfunction
---------	---

a. Date of diagnosis

___ ___ / ___ ___ / ___ ___
 M M D D Y Y
 Y Y

Replaced by age

DYSF_AGE	<created var> Age (yrs) of the subject at B8a. Date of diagnosis
----------	--

B9. Progression of pre-existent ventricular dysfunction post discharge Fontan
 [i.e., pre-existent ventricular dysfunction either pre- or post-Fontan became worse after discharge]

YES.....1 NO.....2 (B10)

DYSFPROG	B9. Progression of pre-existent ventricular dysfunction
----------	---

a. Date of progression

___ ___ / ___ ___ / ___ ___
 M M D D Y Y
 Y Y

Replaced by age

PROG_AGE	<created var> Age (yrs) of the subject at B9a. Date of progression
----------	--

B10. Other important complications
 (excluding those covered in Questions B1 through B9 and those that occurred during the admission for the most recent Fontan procedure)

YES.....1 NO.....2

IF NO, STOP - FORM COMPLETE

OTHRCOMP	B10. Other important complications
----------	------------------------------------

a. Number of complications ___ (1-9)

NUMOTCMP	B10a. Number of complications
----------	-------------------------------

a. Date of Diagnosis	b. Type of Complication (See Code List C)	Complication Name Worksheet
1. ___ ___ / ___ ___ / ___ ___ M M D D Y Y	___ - ___	1. _____
2. ___ ___ / ___ ___ / ___ ___ M M D D Y Y	___ - ___	2. _____
3. ___ ___ / ___ ___ / ___ ___ M M D D Y Y	___ - ___	3. _____
4. ___ ___ / ___ ___ / ___ ___ M M D D Y Y	___ - ___	4. _____

Form F04C: Fontan Medical Record Review Form (Part III)

5. <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> M M D D Y Y Y Y	<u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	5. _____
6. <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> M M D D Y Y Y Y	<u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	6. _____
7. <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> M M D D Y Y Y Y	<u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	7. _____
8. <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> M M D D Y Y Y Y	<u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	8. _____
9. <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> M M D D Y Y Y Y	<u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	9. _____

postfu_comp	<created var> All Post-Fontan complication codes
COMPTYPE_0	B10a1b. Post-Fontan other complications: type (code list C) (0)
COMPTYPE_1	B10a1b. Post-Fontan other complications: type (code list C) (1)
COMPTYPE_2	B10a1b. Post-Fontan other complications: type (code list C) (2)
COMPTYPE_3	B10a1b. Post-Fontan other complications: type (code list C) (3)
COMPTYPE_4	B10a1b. Post-Fontan other complications: type (code list C) (4)
COMPTYPE_5	B10a1b. Post-Fontan other complications: type (code list C) (5)
COMPTYPE_6	B10a1b. Post-Fontan other complications: type (code list C) (6)
COMPTYPE_7	B10a1b. Post-Fontan other complications: type (code list C) (7)
COMPTYPE_8	B10a1b. Post-Fontan other complications: type (code list C) (8)
COMPTYPE_9	B10a1b. Post-Fontan other complications: type (code list C) (9)
COMPTYPE_10	B10a1b. Post-Fontan other complications: type (code list C) (10)
COMPTYPE_11	B10a1b. Post-Fontan other complications: type (code list C) (11)
COMPTYPE_12	B10a1b. Post-Fontan other complications: type (code list C) (12)
COMPTYPE_13	B10a1b. Post-Fontan other complications: type (code list C) (13)
COMPSPEC_0	B10a1b1. Post-Fontan other complications: name (0)
COMPSPEC_1	B10a1b1. Post-Fontan other complications: name (1)
COMPSPEC_2	B10a1b1. Post-Fontan other complications: name (2)
COMPSPEC_3	B10a1b1. Post-Fontan other complications: name (3)
COMPSPEC_4	B10a1b1. Post-Fontan other complications: name (4)
COMPSPEC_5	B10a1b1. Post-Fontan other complications: name (5)
COMPSPEC_6	B10a1b1. Post-Fontan other complications: name (6)
COMPSPEC_7	B10a1b1. Post-Fontan other complications: name (7)
COMPSPEC_8	B10a1b1. Post-Fontan other complications: name (8)
COMPSPEC_9	B10a1b1. Post-Fontan other complications: name (9)
COMPSPEC_10	B10a1b1. Post-Fontan other complications: name (10)
COMPSPEC_11	B10a1b1. Post-Fontan other complications: name (11)
COMPSPEC_12	B10a1b1. Post-Fontan other complications: name (12)
COMPSPEC_13	B10a1b1. Post-Fontan other complications: name (13)

Replaced by age

COMPDX_AGE_0	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (0)
COMPDX_AGE_1	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (1)
COMPDX_AGE_2	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (2)
COMPDX_AGE_3	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (3)
COMPDX_AGE_4	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (4)
COMPDX_AGE_5	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (5)
COMPDX_AGE_6	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (6)
COMPDX_AGE_7	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (7)
COMPDX_AGE_8	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (8)
COMPDX_AGE_9	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (9)
COMPDX_AGE_10	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (10)
COMPDX_AGE_11	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (11)
COMPDX_AGE_12	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (12)
COMPDX_AGE_13	<created var> Age (yrs) of the subject at B10a1a. Post-Fontan other complications: date of diagnosis (13)

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