



**ISOT TRANSPLANT PATHOLOGY SUB COMMITTEE 2023**  
**Request form for Post Transplant Endomyocardial Biopsy**  
**Compiled by Dr.Bharathi Dr.Indu Dr.Pallav Gupta Dr.N.V.Seethalekshmy**

**Name of the Patient:**

**Age:**

**Gender:**

**PID:**

**Address:**

**Referring Doctor and Hospital:**

**Date of biopsy sample collection:**

**Indication for Biopsy:** Protocol / Suspected Rejection

**Site of Biopsy:**

**Number of fragments:**

**Indication for cardiac transplantation:**

**Previous biopsies:** Yes/ No

**Brief History and Clinical Diagnosis:**

**Post Transplant Duration:**

**Duration of graft dysfunction:**

**Donor Age/Gender:**

**HLA match:**

**Medications :** Pred/MMF /Tacrolimus/Sirolimus/ IL<sub>2</sub>RB/ CSA/AZA / Others \_\_\_\_\_

**Induction with** \_\_\_\_\_

**Drug(\_\_\_\_\_)** level :

**Details of Previous adverse events** – Surgical / rejection/ drug toxicity/ Infection / NODAT/  
Non compliance / Others \_\_\_\_\_

**ECHO Findings:**

**Details of Previous rejection:** If Any

**Any other significant findings:**

**Serology (DSA),** If done

**Investigations Required (Please tick):** Light microscopy / Immunofluorescence (IF) / Immunohistochemistry

- C4d / CD68 / Vimentin / SV40 / CMV / Adeno virus / Others \_\_\_\_\_
- Routine processing / Urgent (Rush) processing
- Sample provided in 10% Buffered Formalin / Transport medium

**Doctor's Address/seal:**

**E-mail ID:**

**Mobile no:**