

**ENDOMYOCARDIAL BIOPSY
(Heart Transplant Biopsy)**

Name of The Patient _____

Age _____ Sex _____

Date of Biopsy Done _____

Indication: Protocol/ Suspected Rejection _____

Clinical Diagnosis _____

Site of Biopsy _____

Post Transplant Duration _____

ECHO Findings _____

Details of Previous Biopsy, If any _____

Details of Previous Rejection, if any _____

Serology (DSA), if done _____

Name of The Referring Doctor _____

Contact Number _____

Location _____