In addition to the standard patient transfer information, the following information must be obtained prior to patient acceptance. This check list is available on the Transfer Center website.

- ECMO Type:  
  - [ ] VV  
  - [ ] VA  
  - [ ] VAV

- ECMO machine brand/pump type: ___________________________________________________
  *Note: surgeon must be present on admission if patient is not on the Cardiohelp

- ECMO oxygenator type: __________________________________________________

- Cannulation date: ____________________________________________________________

- Cannulation site(s) and cannula size(s): _______________________________________
  ______________________________________

- Current ECMO FdO2: ____________%

- Current ECMO Sweep: ____________L/min

- Current ECMO blood Flow: ____________L/min

- Most Recent ABG ____________________

- Post arrest? Time to ROSC: ______________________

- Neuro Status: ________________________

- Code Status: _________________________

- Does patient have social support?  
  - [ ] Yes  
  - [ ] No

- Who is the medical decision maker?  Name: ________________________________
  Phone Number: _______________________

- Current Vent Mode/Settings: ________________________________________________

- Is patient on inhaled Nitric Oxide?  
  - [ ] Yes  
  - [ ] No

Other devices in place (IABP, Imepella): ________________________________________