

# Records

## Adult Kidney Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 03/31/2015

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI<sup>®</sup> application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI<sup>®</sup> application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name: \*

First Name: \*

MI:

Previous Surname:

SSN:

Gender: \*

Male  Female

HIC:

DOB: \*

State of Permanent Residence: \*

Permanent ZIP Code: \*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race: \*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Native Hawaiian or Other Pacific Islander: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White

European Descent

Arab or Middle Eastern

North African (non-Black)

White: Other

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Functional Status:** \*

**Physical Capacity:**

No Limitations

Limited Mobility

Wheelchair bound or more limited

Not Applicable (< 1 year old or hospitalized)

Unknown

Working for income: \*

YES  NO  UNK

If No, Not Working Due To:

If Yes:

Working Full Time

Working Part Time due to Demands of Treatment

Working Part Time due to Disability

Working Part Time due to Insurance Conflict

Working Part Time due to Inability to Find Full Time Work

Working Part Time due to Patient Choice

Working Part Time Reason Unknown

Working, Part Time vs. Full Time Unknown

Academic Progress:

Within One Grade Level of Peers

Delayed Grade Level

Special Education

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

Academic Activity Level:

Full academic load

Reduced academic load

Unable to participate in academics due to disease or condition

Unable to participate regularly in academics due to dialysis

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

Previous Transplants:

Organ	Date	Graft Fail Date

The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.

Previous Pancreas Islet Infusion:\*

YES  NO  UNK

Source of Payment:

Primary:\*

Specify:

Secondary:

Clinical Information: AT LISTING

Height:\*

ft.  in.  cm

ST=

Weight:\*

lbs  kg

ST=

BMI:

kg/m<sup>2</sup>

ABO Blood Group:

Primary Diagnosis:\*

Specify:

General Medical Factors:

Diabetes:\*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year

Unknown

Angina:

No

Yes, and documented Coronary Artery Disease

Yes, with no documented Coronary Artery Disease

Yes, but Coronary Artery Disease unknown

Status Unknown

Drug Treated Systemic Hypertension:

YES  NO  UNK

Symptomatic Cerebrovascular Disease:

YES  NO  UNK

Symptomatic Peripheral Vascular Disease: \*

YES  NO  UNK

Drug Treated COPD: \*

YES  NO  UNK

Any previous Malignancy: \*

YES  NO  UNK

Specify Type:

Skin Melanoma

Skin Non-Melanoma

CNS Tumor

Genitourinary

Breast

Thyroid

Tongue/Throat/Larynx

Lung

Leukemia/Lymphoma

Liver

Other, specify

Specify:

Most Recent Serum Creatinine:

 mg/dl

ST=

Total Serum Albumin: \*

 g/dl

ST=

**Kidney Medical Factors**

Exhausted Vascular Access: \*

YES  NO  UNK

Exhausted Peritoneal Access: \*

YES  NO  UNK

Age of Diabetes Onset:

yrs

ST=

# Records

## Adult Kidney/Pancreas Transplant Candidate Registration Worksheet

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### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name: \*

First Name: \*

MI:

Previous Surname:

SSN:

Gender: \*

Male  Female

HIC:

DOB: \*

State of Permanent Residence: \*

Permanent ZIP Code: \*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race: \*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Native Hawaiian or Other Pacific Islander: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White

European Descent

Arab or Middle Eastern

North African (non-Black)

White: Other

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Functional Status:** \*

**Physical Capacity:**

No Limitations

Limited Mobility

Wheelchair bound or more limited



Not Applicable (< 1 year old or hospitalized)

Unknown

Working for income: \*

YES  NO  UNK

If No, Not Working Due To:

If Yes:

Working Full Time

Working Part Time due to Demands of Treatment

Working Part Time due to Disability

Working Part Time due to Insurance Conflict

Working Part Time due to Inability to Find Full Time Work

Working Part Time due to Patient Choice

Working Part Time Reason Unknown

Working, Part Time vs. Full Time Unknown

Academic Progress:

Within One Grade Level of Peers

Delayed Grade Level

Special Education

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

Academic Activity Level:

Full academic load

Reduced academic load

Unable to participate in academics due to disease or condition

Unable to participate regularly in academics due to dialysis

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

Previous Transplants:

Organ	Date	Graft Fail Date

The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.

Previous Pancreas Islet Infusion:\*

YES  NO  UNK

Source of Payment:

Primary:\*

Specify:

Secondary:

Clinical Information: AT LISTING

Height:\*

 ft.  in.  cm

ST=

Weight:\*

 lbs  kg

ST=

BMI:

kg/m<sup>2</sup>

ABO Blood Group:

Primary Kidney Diagnosis:\*

Specify:

Primary Pancreas Diagnosis:\*

Specify:

General Medical Factors:

Diabetes:\*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

No

Peptic Ulcer:

- Yes, active within the last year
- Yes, not active within the last year
- Unknown

Angina:

- No
- Yes, and documented Coronary Artery Disease
- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown
- Status Unknown

Drug Treated Systemic Hypertension:

- YES
- NO
- UNK

Symptomatic Cerebrovascular Disease:

- YES
- NO
- UNK

Symptomatic Peripheral Vascular Disease: \*

- YES
- NO
- UNK

Drug Treated COPD: \*

- YES
- NO
- UNK

Any previous Malignancy: \*

- YES
- NO
- UNK

Specify Type:

- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid
- Tongue/Throat/Larynx
- Lung
- Leukemia/Lymphoma
- Liver
- Other, specify

Specify:

Most Recent Serum Creatinine:

 mg/dl      ST= 

Total Serum Albumin: \*

 g/dl      ST=

**Kidney/Pancreas Medical Factors**

Exhausted Vascular Access: \*

YES  NO  UNK

Exhausted Peritoneal Access: \*

YES  NO  UNK

Age of Diabetes Onset:

yrs

ST=

# Records

## Adult Pancreas Transplant Candidate Registration Worksheet

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### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name: \*

First Name: \*

MI:

Previous Surname:

SSN:

Gender: \*

Male  Female

HIC:

DOB: \*

State of Permanent Residence: \*

Permanent ZIP Code: \*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race: \*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Native Hawaiian or Other Pacific Islander: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White

European Descent

Arab or Middle Eastern

North African (non-Black)

White: Other

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Functional Status:** \*

**Physical Capacity:**

No Limitations

Limited Mobility

Wheelchair bound or more limited

Not Applicable (< 1 year old or hospitalized)

Unknown

Working for income: \*

YES  NO  UNK

If No, Not Working Due To:

Working Full Time

Working Part Time due to Demands of Treatment

Working Part Time due to Disability

Working Part Time due to Insurance Conflict

Working Part Time due to Inability to Find Full Time Work

Working Part Time due to Patient Choice

Working Part Time Reason Unknown

Working, Part Time vs. Full Time Unknown

If Yes:

Academic Progress:

Within One Grade Level of Peers

Delayed Grade Level

Special Education

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

Academic Activity Level:

Full academic load

Reduced academic load

Unable to participate in academics due to disease or condition

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

Previous Transplants:

Organ	Date	Graft Fail Date

The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.

Previous Pancreas Islet Infusion: \*

YES  NO  UNK

Source of Payment:

Primary: \*

Specify:

Secondary:

**Clinical Information: AT LISTING**

Height: \*

 ft.  in.  cm

ST=

Weight: \*

 lbs  kg

ST=

BMI:

kg/m<sup>2</sup>

ABO Blood Group:

Primary Diagnosis: \*

Specify:

General Medical Factors:

Diabetes: \*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown



Angina:

- No
- Yes, and documented Coronary Artery Disease
- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown
- Status Unknown

Drug Treated Systemic Hypertension:

- YES
- NO
- UNK

Symptomatic Cerebrovascular Disease:

- YES
- NO
- UNK

Symptomatic Peripheral Vascular Disease: \*

- YES
- NO
- UNK

Drug Treated COPD: \*

- YES
- NO
- UNK

Any previous Malignancy: \*

- YES
- NO
- UNK

Specify Type:

- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid
- Tongue/Throat/Larynx
- Lung
- Leukemia/Lymphoma
- Liver
- Other, specify

Specify:

Most Recent Serum Creatinine:

 mg/dl      ST= 

Total Serum Albumin: \*

 g/dl      ST= 

**Pancreas Medical Factors**

Age of Diabetes Onset:

 yrs      ST=

# Records

## Adult Liver Transplant Candidate Registration Worksheet

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### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name: \*

First Name: \*

MI:

Previous Surname:

SSN:

Gender: \*

Male  Female

HIC:

DOB: \*

State of Permanent Residence: \*

Permanent ZIP Code: \*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race: \*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

White

Native Hawaiian

European Descent

Guamanian or Chamorro

Arab or Middle Eastern

Samoan

North African (non-Black)

Native Hawaiian or Other Pacific Islander: Other

White: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Patient on Life Support:** \*

YES  NO

Ventilator

Artificial Liver

Other Mechanism, Specify

Specify:

Functional Status:\*

Physical Capacity:

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Not Applicable (< 1 year old or hospitalized)
- Unknown

Working for income:\*

- YES
- NO
- UNK

If No, Not Working Due To:

If Yes:

- Working Full Time
- Working Part Time due to Demands of Treatment
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Patient Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

Academic Progress:

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

Academic Activity Level:

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

**Previous Transplants:**

Organ	Date	Graft Fail Date

The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing [unethelpdesk@unos.org](mailto:unethelpdesk@unos.org).

**Previous Pancreas Islet Infusion:**\*

YES  NO  UNK

**Source of Payment:**

**Primary:**\*

Specify:

**Secondary:**

**Clinical Information: AT LISTING**

**Height:**\*

ft.  in.  cm

**ST=**

**Weight:**\*

lbs  kg

**ST=**

**BMI:**

kg/m<sup>2</sup>

**ABO Blood Group:**

**Primary Diagnosis:**\*

Specify:

**Secondary Diagnosis:**

Specify:

**General Medical Factors:**

**Diabetes:**\*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

No dialysis

Dialysis:

- Hemodialysis
- Peritoneal Dialysis
- CAVH: Continuous Arteriovenous Hemofiltration
- CV VH: Continuous Venous/Venous Hemofiltration
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

Angina:

- No
- Yes, and documented Coronary Artery Disease
- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown
- Status Unknown

Drug Treated Systemic Hypertension:

- YES  NO  UNK

Symptomatic Cerebrovascular Disease:

- YES  NO  UNK

Symptomatic Peripheral Vascular Disease:

- YES  NO  UNK

Drug Treated COPD:

- YES  NO  UNK

Pulmonary Embolism:

- YES  NO  UNK

Any previous Malignancy: 

- YES  NO  UNK

Skin Melanoma

Skin Non-Melanoma

CNS Tumor

Genitourinary

Specify Type:

- Breast
- Thyroid
- Tongue/Throat/Larynx
- Lung
- Leukemia/Lymphoma
- Liver
- Hepatocellular Carcinoma
- Other, specify

Specify:

Most Recent Serum Creatinine:

 mg/dl

ST=

#### Liver Medical Factors

Variceal Bleeding within Last Two Weeks:

YES  NO  UNK

Previous Upper Abdominal Surgery: \*

YES  NO  UNK

Spontaneous Bacterial Peritonitis: \*

YES  NO  UNK

History of Portal Vein Thrombosis: \*

YES  NO  UNK

History of TIPSS: \*

YES  NO  UNK

# Records

## Adult Intestine Transplant Candidate Registration Worksheet

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### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name: \*

First Name: \*

MI:

Previous Surname:

SSN:

Gender: \*

Male  Female

HIC:

DOB: \*

State of Permanent Residence: \*

Permanent ZIP Code: \*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race: \*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other



Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

White

Native Hawaiian

European Descent

Guamanian or Chamorro

Arab or Middle Eastern

Samoan

North African (non-Black)

Native Hawaiian or Other Pacific Islander: Other

White: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Patient on Life Support:** \*

YES  NO

Ventilator

Artificial Liver

Other Mechanism, Specify

Specify:

Functional Status:\*

Physical Capacity:

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Not Applicable (< 1 year old or hospitalized)
- Unknown

Working for income:\*

- YES
- NO
- UNK

If No, Not Working Due To:

If Yes:

- Working Full Time
- Working Part Time due to Demands of Treatment
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Patient Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

Academic Progress:

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

Academic Activity Level:

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

**Previous Transplants:**

Organ	Date	Graft Fail Date

The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing [unethelpdesk@unos.org](mailto:unethelpdesk@unos.org).

**Previous Pancreas Islet Infusion:**\*

YES  NO  UNK

**Source of Payment:**

**Primary:**\*

Specify:

**Secondary:**

**Clinical Information: AT LISTING**

**Height:**\*

ft.  in.  cm

**ST=**

**Weight:**\*

lbs  kg

**ST=**

**BMI:**

kg/m<sup>2</sup>

**ABO Blood Group:**

**Primary Diagnosis:**\*

Specify:

**Secondary Diagnosis:**

Specify:

**General Medical Factors:**

**Diabetes:**\*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

No dialysis

Dialysis:

- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

Angina:

- No
- Yes, and documented Coronary Artery Disease
- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown
- Status Unknown

Drug Treated Systemic Hypertension:

- YES
- NO
- UNK

Symptomatic Cerebrovascular Disease:

- YES
- NO
- UNK

Symptomatic Peripheral Vascular Disease:

- YES
- NO
- UNK

Drug Treated COPD:

- YES
- NO
- UNK

Pulmonary Embolism:

- YES
- NO
- UNK

Any previous Malignancy:⚠️

- YES
- NO
- UNK

Specify Type:

- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid

Tongue/Throat/Larynx

Lung

Leukemia/Lymphoma

Liver

Hepatocellular Carcinoma

Other, specify

Specify:

Most Recent Serum Creatinine:

 mg/dl

ST=

Total Serum Albumin:

 g/dl

ST=

### Intestine Medical Factors

Exhausted Vascular Access:

YES  NO  UNK

Liver Dysfunction:

YES  NO  UNK

Intestine Neoplasm:

YES  NO  UNK

History of Portomesenteric Vein Thrombosis:

YES  NO  UNK

History of TIPSS:

YES  NO  UNK

# Records

## Adult Heart Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 03/31/2015

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI<sup>®</sup> application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI<sup>®</sup> application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name: \*

First Name: \*

MI:

Previous Surname:

SSN:

Gender: \*

Male  Female

HIC:

DOB: \*

State of Permanent Residence: \*

Permanent ZIP Code: \*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race: \*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

White

Native Hawaiian

European Descent

Guamanian or Chamorro

Arab or Middle Eastern

Samoan

North African (non-Black)

Native Hawaiian or Other Pacific Islander: Other

White: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Patient on Life Support:** \*

YES  NO

Extra Corporeal Membrane Oxygenation

Intra Aortic Balloon Pump

Prostaglandins

- Intravenous Inotropes
- Inhaled NO
- Ventilator
- Other Mechanism, Specify

Specify:

**Patient on Ventricular Assist Device:** \*

- NONE
- LVAD
- RVAD
- TAH
- LVAD+RVAD

VAD Brand1:

Specify:

VAD Brand2:

Specify:

**Functional Status:** \*

**Physical Capacity:**

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Not Applicable (< 1 year old or hospitalized)
- Unknown

**Working for income:** \*

- YES
- NO
- UNK

If No, Not Working Due To:

If Yes:

- Working Full Time
- Working Part Time due to Demands of Treatment
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Patient Choice



- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

Academic Progress:

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

Academic Activity Level:

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

Previous Transplants:

Organ	Date	Graft Fail Date

*The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.*

Previous Pancreas Islet Infusion: \*

- YES
- NO
- UNK

Source of Payment:

Primary: \*

Specify:

Secondary:

Clinical Information: AT LISTING

Height: \*  ft.  in.  cm ST=

Weight: \*  lbs  kg ST=

BMI:  kg/m<sup>2</sup>

ABO Blood Group:

Primary Diagnosis: \*

Specify:

**General Medical Factors:**

**Diabetes:** \*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

**Dialysis:** \*

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

**Peptic Ulcer:**

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

**Angina:**

- No angina
- Stable angina - strenuous activity results in angina
- Stable angina - ordinary physical activity results in angina
- Stable angina - no rest angina; does have angina with less than ordinary activity
- Stable angina - angina with any physical activity or at rest
- Unstable angina
- Unknown if angina present

**Drug Treated Systemic Hypertension:**

- YES
- NO
- UNK

**Symptomatic Cerebrovascular Disease:** \*

- YES
- NO
- UNK

Symptomatic Peripheral Vascular Disease:  YES  NO  UNK

Drug Treated COPD:  YES  NO  UNK

Pulmonary Embolism:  YES  NO  UNK

Any Previous Transfusions:  YES  NO  UNK

Any previous Malignancy:  YES  NO  UNK

Specify Type:

- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid
- Tongue/Throat/Larynx
- Lung
- Leukemia/Lymphoma
- Liver
- Other, specify

Specify:

Most Recent Serum Creatinine:  mg/dl ST=

Total Serum Albumin:  g/dl ST=

**Heart Medical Factors:**

Sudden Death:  YES  NO  UNK

Antiarrhythmics:  YES  NO  UNK

Amiodarone:  YES  NO  UNK

Implantable Defibrillator:  YES  NO  UNK

Infection Requiring IV Drug Therapy within 2/wks prior to listing:  YES  NO  UNK

Exercise Oxygen Consumption:  ml/min/kg ST=

Most Recent Hemodynamics:

Inotropes/Vasodilators:

PA (sys) mm/Hg: \*

ST=

YES  NO

PA (dia) mm/Hg: \*

ST=

YES  NO

PA (mean) mm/Hg: \*

ST=

YES  NO

PCW (mean) mm/Hg: \*

ST=

YES  NO

CO L/min: \*

ST=

YES  NO

History of Cigarette Use: \*

YES  NO

0-10

11-20

21-30

If Yes, Check # pack years:

31-40

41-50

>50

Unknown pack years

0-2 months

3-12 months

13-24 months

25-36 months

Duration of Abstinence:

37-48 months

49-60 months

>60 months

Continues To Smoke

Unknown duration

Other Tobacco Use:

YES  NO  UNK

**Prior Cardiac Surgery (non-transplant): \***

YES  NO  UNK

If yes, check all that apply:

- CABG
- Valve Replacement/Repair
- Congenital
- Left Ventricular Remodeling
- Other, specify

Specify:

**Prior Lung Surgery (non-transplant):**

YES  NO  UNK

If yes, check all that apply:

- Pneumoreduction
- Pneumothorax Surgery-Nodule
- Pneumothorax Decortication
- Lobectomy
- Pneumonectomy
- Left Thoracotomy
- Right Thoracotomy
- Other, specify

Specify:

# Records

## Adult Lung Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 03/31/2015

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### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name: \*

First Name: \*

MI:

Previous Surname:

SSN:

Gender: \*

Male  Female

HIC:

DOB: \*

State of Permanent Residence: \*

Permanent ZIP Code: \*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race: \*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Native Hawaiian or Other Pacific Islander: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White

European Descent

Arab or Middle Eastern

North African (non-Black)

White: Other

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Patient on Life Support:** \*

YES  NO

Extra Corporeal Membrane Oxygenation

Intra Aortic Balloon Pump

Prostacyclin Infusion

- Prostacyclin Inhalation
- Inhaled NO
- Ventilator
- Other Mechanism, Specify

Specify:

**Functional Status:** \*

**Physical Capacity:**

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Not Applicable (< 1 year old or hospitalized)
- Unknown

**Working for income:** \*

- YES
- NO
- UNK

If No, Not Working Due To:

If Yes:

- Working Full Time
- Working Part Time due to Demands of Treatment
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Patient Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

**Academic Progress:**

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown



Academic Activity Level:

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

Previous Transplants:

Organ	Date	Graft Fail Date

The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing [unethelpdesk@unos.org](mailto:unethelpdesk@unos.org).

Previous Pancreas Islet Infusion: \*

- YES
- NO
- UNK

Source of Payment:

Primary: \*

Specify:

Secondary:

Clinical Information: AT LISTING

Height: \*

 ft.  in.  cm

ST=

Weight: \*

 lbs  kg

ST=

BMI:

kg/m<sup>2</sup>

ABO Blood Group:

Primary Diagnosis: \*

Specify:

General Medical Factors:

Diabetes: \*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

Angina:

- No
- Yes, and documented Coronary Artery Disease
- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown
- Status Unknown

Drug Treated Systemic Hypertension:

- YES  NO  UNK

Symptomatic Cerebrovascular Disease:

- YES  NO  UNK

Symptomatic Peripheral Vascular Disease:

- YES  NO  UNK

Any previous Malignancy: 

- YES  NO  UNK

Specify Type:

- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid
- Tongue/Throat/Larynx

- Lung
- Leukemia/Lymphoma
- Liver
- Other, specify

Specify:

Most Recent Serum Creatinine:  mg/dl ST=

Total Serum Albumin:  g/dl ST=

### Lung Medical Factors

#### Pulmonary Status:

FVC:  %predicted ST=

FeV1:  %predicted ST=

pCO2:  mm/Hg ST=

FeV1(L)/FVC(L):  ST=

O2 Requirement at Rest:  L/min ST=

IV Treated Pulmonary Sepsis Episode >= 2 in last 12 months:  YES  NO  UNK

Corticosteroid Dependency >= 5mg/day:  YES  NO  UNK

Six minute walk distance:  # of feet

Pan-Resistant Bacterial Lung Infection:  YES  NO  UNK

Infection Requiring IV Drug Therapy within 2/wks prior to listing:  YES  NO  UNK

### Heart/Lung Medical Factors:

#### Most Recent Hemodynamics:

#### Inotropes/Vasodilators:

PA (sys) mm/Hg:  ST=   YES  NO

PA (dia) mm/Hg:  ST=   YES  NO

PA (mean) mm/Hg:  ST=   YES  NO

PCW (mean) mm/Hg:  ST=   YES  NO

ST=

CO L/min:\*

YES  NO

History of Cigarette Use:\*

YES  NO

0-10

11-20

21-30

If Yes, Check # pack years:

31-40

41-50

>50

Unknown pack years

0-2 months

3-12 months

13-24 months

25-36 months

Duration of Abstinence:

37-48 months

49-60 months

>60 months

Continues To Smoke

Unknown duration

Other Tobacco Use:

YES  NO  UNK

Prior Cardiac Surgery (non-transplant):\*

YES  NO  UNK

CABG

Valve Replacement/Repair

If yes, check all that apply:

Congenital

Left Ventricular Remodeling

Other, specify

Specify:

Prior Lung Surgery (non-transplant):

YES  NO  UNK

If yes, check all that apply:

- Pneumoreduction
- Pneumothorax Surgery-Nodule
- Pneumothorax Decortication
- Lobectomy
- Pneumonectomy
- Left Thoracotomy
- Right Thoracotomy
- Other, specify

Specify:

# Records

## Adult Heart/Lung Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 03/31/2015

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### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name:\*

First Name:\*

MI:

Previous Surname:

SSN:

Gender:\*

Male  Female

HIC:

DOB:\*

State of Permanent Residence:\*

Permanent ZIP Code:\*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race:\*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

White

Native Hawaiian

European Descent

Guamanian or Chamorro

Arab or Middle Eastern

Samoan

North African (non-Black)

Native Hawaiian or Other Pacific Islander: Other

White: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Patient on Life Support:** \*

YES  NO

Extra Corporeal Membrane Oxygenation

Intra Aortic Balloon Pump

Prostacyclin Infusion

- Prostacyclin Inhalation
- Inhaled NO
- Ventilator
- Other Mechanism, Specify

Specify:

**Patient on Ventricular Assist Device:** \*

- NONE
- LVAD
- RVAD
- TAH
- LVAD+RVAD

VAD Brand1:

Specify:

VAD Brand2:

Specify:

**Functional Status:** \*

**Physical Capacity:**

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Not Applicable (< 1 year old or hospitalized)
- Unknown

**Working for income:** \*

- YES
- NO
- UNK

If No, Not Working Due To:

If Yes:

- Working Full Time
- Working Part Time due to Demands of Treatment
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Patient Choice



- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

Academic Progress:

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

Academic Activity Level:

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

Previous Transplants:

Organ	Date	Graft Fail Date

*The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.*

Previous Pancreas Islet Infusion: \*

- YES
- NO
- UNK

Source of Payment:

Primary: \*

Specify:

Secondary:

Clinical Information: AT LISTING

Height: \*

 ft.  in.  cm      ST= 

Weight: \*

 lbs       kg      ST= 

BMI:

kg/m<sup>2</sup>

ABO Blood Group:

Primary Diagnosis: \*

Specify:

**General Medical Factors:**

**Diabetes:** \*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

**Dialysis:**

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

**Peptic Ulcer:**

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

**Angina:**

- No angina
- Stable angina - strenuous activity results in angina
- Stable angina - ordinary physical activity results in angina
- Stable angina - no rest angina; does have angina with less than ordinary activity
- Stable angina - angina with any physical activity or at rest
- Unstable angina
- Unknown if angina present

**Drug Treated Systemic Hypertension:**

- YES
- NO
- UNK

**Symptomatic Cerebrovascular Disease:**

- YES
- NO
- UNK

Symptomatic Peripheral Vascular Disease:  YES  NO  UNK

Drug Treated COPD:  YES  NO  UNK

Pulmonary Embolism:  YES  NO  UNK

Any previous Malignancy:  YES  NO  UNK

Specify Type:

- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid
- Tongue/Throat/Larynx
- Lung
- Leukemia/Lymphoma
- Liver
- Other, specify

Specify:

Most Recent Serum Creatinine:  mg/dl ST=

Total Serum Albumin:  g/dl ST=

### Heart Medical Factors

Sudden Death:  YES  NO  UNK

Antiarrhythmics:  YES  NO  UNK

Amiodarone:  YES  NO  UNK

Implantable Defibrillator:  YES  NO  UNK

Infection Requiring IV Drug Therapy within 2/wks prior to listing:  YES  NO  UNK

Exercise Oxygen Consumption:  ml/min/kg ST=

### Lung Medical Factors

Pulmonary Status:

FVC:  %predicted ST=

FeV1:  %predicted ST=

pCO2:  mm/Hg ST=

FeV1(L)/FVC(L):  ST=

O2 Requirement at Rest:  L/min ST=

IV Treated Pulmonary Sepsis Episode >= 2 in last 12 months:  YES  NO  UNK

Corticosteroid Dependency >= 5mg/day:  YES  NO  UNK

Six minute walk distance:  # of feet

Pan-Resistant Bacterial Lung Infection: \*  YES  NO  UNK

**Heart/Lung Medical Factors:**

**Most Recent Hemodynamics:**

**Inotropes/Vasodilators:**

PA (sys) mm/Hg: \*  ST=   YES  NO

PA (dia) mm/Hg: \*  ST=   YES  NO

PA (mean) mm/Hg: \*  ST=   YES  NO

PCW (mean) mm/Hg: \*  ST=   YES  NO

CO L/min: \*  ST=   YES  NO

History of Cigarette Use: \*  YES  NO

0-10

11-20

21-30

If Yes, Check # pack years:  31-40

41-50

>50

Unknown pack years

Duration of Abstinence:

- 0-2 months
- 3-12 months
- 13-24 months
- 25-36 months
- 37-48 months
- 49-60 months
- >60 months
- Continues To Smoke
- Unknown duration

Other Tobacco Use:

- YES  NO  UNK

Prior Cardiac Surgery (non-transplant): \*

- YES  NO  UNK

If yes, check all that apply:

- CABG
- Valve Replacement/Repair
- Congenital
- Left Ventricular Remodeling
- Other, specify

Specify:

Prior Lung Surgery (non-transplant):

- YES  NO  UNK

If yes, check all that apply:

- Pneumoreduction
- Pneumothorax Surgery-Nodule
- Pneumothorax Decortication
- Lobectomy
- Pneumonectomy
- Left Thoracotomy
- Right Thoracotomy
- Other, specify

Specify:

# Records

## Pediatric Kidney Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 03/31/2015

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI<sup>®</sup> application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI<sup>®</sup> application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name: \*

First Name: \*

MI:

Previous Surname:

SSN:

Gender: \*

Male  Female

HIC:

DOB: \*

State of Permanent Residence: \*

Permanent ZIP Code: \*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race: \*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

White

Native Hawaiian

European Descent

Guamanian or Chamorro

Arab or Middle Eastern

Samoan

North African (non-Black)

Native Hawaiian or Other Pacific Islander: Other

White: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Functional Status:** \*

**Cognitive Development:** \*

Definite Cognitive delay/impairment

Probable Cognitive delay/impairment

Questionable Cognitive delay/impairment

No Cognitive delay/impairment

Not Assessed

**Motor Development:** \*

Definite Motor delay/impairment

Probable Motor delay/impairment

Questionable Motor delay/impairment

No Motor delay/impairment

Not Assessed

**Academic Progress:** \*

Within One Grade Level of Peers

Delayed Grade Level

Special Education

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

**Academic Activity Level:** \*

Full academic load

Reduced academic load

Unable to participate in academics due to disease or condition

Unable to participate regularly in academics due to dialysis

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

**Previous Transplants:**

Organ	Date	Graft Fail Date

*The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.*

**Previous Pancreas Islet Infusion:**

YES  NO  UNK

**Source of Payment:**

**Primary:** \*

Specify:

**Secondary:**



**Clinical Information: AT LISTING**

Date of Measurement:

Height: \*

 ft.  in.  cm ST= 

Weight: \*

 lbs  kg ST= 

BMI:

kg/m<sup>2</sup>

Is growth hormone therapy used at time of listing: \*

YES  NO  UNK

ABO Blood Group:

Primary Diagnosis: \*

Specify:

General Medical Factors:

Diabetes: \*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

No

Angina:

- Yes, and documented Coronary Artery Disease
- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown
- Status Unknown

Drug Treated Systemic Hypertension:

- YES
- NO
- UNK

Symptomatic Cerebrovascular Disease:

- YES
- NO
- UNK

Symptomatic Peripheral Vascular Disease:

- YES
- NO
- UNK

Drug Treated COPD:

- YES
- NO
- UNK

Any previous Malignancy:\*

- YES
- NO
- UNK

Specify Type:

- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid
- Tongue/Throat/Larynx
- Lung
- Leukemia/Lymphoma
- Liver
- Other, specify

Specify:

Most Recent Serum Creatinine:

 mg/dl      ST= 

Total Serum Albumin:\*

 g/dl      ST= 

### Kidney Medical Factors

Exhausted Vascular Access:\*

- YES
- NO
- UNK

Exhausted Peritoneal Access:\*

- YES
- NO
- UNK

Age of Diabetes Onset:

 yrs      ST=

**Bone Disease:**

Fracture in the past year (or since last follow-up):\*

YES  NO  UNK

Specify Location and number of fractures:\*

Spine-compression fracture: # of fractures:

Extremity: # of fractures:

Other: # of fractures:

AVN (avascular necrosis):\*

YES  NO  UNK

# Records

## Pediatric Kidney/Pancreas Transplant Candidate Registration Worksheet

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### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name: \*

First Name: \*

MI:

Previous Surname:

SSN:

Gender: \*

Male  Female

HIC:

DOB: \*

State of Permanent Residence: \*

Permanent ZIP Code: \*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race: \*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Native Hawaiian or Other Pacific Islander: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White

European Descent

Arab or Middle Eastern

North African (non-Black)

White: Other

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Functional Status:** \*

**Cognitive Development:** \*

Definite Cognitive delay/impairment

Probable Cognitive delay/impairment

Questionable Cognitive delay/impairment

No Cognitive delay/impairment

Not Assessed

**Motor Development:** \*

Definite Motor delay/impairment

Probable Motor delay/impairment

Questionable Motor delay/impairment

No Motor delay/impairment

Not Assessed

**Academic Progress:** \*

Within One Grade Level of Peers

Delayed Grade Level

Special Education

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

**Academic Activity Level:** \*

Full academic load

Reduced academic load

Unable to participate in academics due to disease or condition

Unable to participate regularly in academics due to dialysis

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

**Previous Transplants:**

Organ	Date	Graft Fail Date

*The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.*

**Previous Pancreas Islet Infusion:**

YES  NO  UNK

**Source of Payment:**

**Primary:** \*

Specify:

**Secondary:**

**Clinical Information: AT LISTING**

Date of Measurement:

Height: \*

 ft.  in.  cm ST= 

Weight: \*

 lbs  kg ST= 

BMI:

kg/m<sup>2</sup>

Is growth hormone therapy used at time of listing: \*

YES  NO  UNK

ABO Blood Group:

Primary Kidney Diagnosis: \*

Specify:

Primary Pancreas Diagnosis: \*

Specify:

General Medical Factors:

Diabetes: \*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

Angina:

- No
- Yes, and documented Coronary Artery Disease
- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown
- Status Unknown

Drug Treated Systemic Hypertension:

- YES
- NO
- UNK

Symptomatic Cerebrovascular Disease:

- YES
- NO
- UNK

Symptomatic Peripheral Vascular Disease:

- YES
- NO
- UNK

Drug Treated COPD:

- YES
- NO
- UNK

Any previous Malignancy:\*

- YES
- NO
- UNK

Specify Type:

- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid
- Tongue/Throat/Larynx
- Lung
- Leukemia/Lymphoma
- Liver
- Other, specify

Specify:

Most Recent Serum Creatinine:

 mg/dl      ST= 

Total Serum Albumin:\*

 g/dl      ST= 

### Kidney/Pancreas Medical Factors

Exhausted Vascular Access:\*

- YES
- NO
- UNK

Exhausted Peritoneal Access:\*

- YES
- NO
- UNK



Age of Diabetes Onset:

yrs

ST=

**Bone Disease:**

Fracture in the past year (or since last follow-up):\*

YES  NO  UNK

Specify Location and number of fractures:\*

Spine-compression fracture:

# of fractures:

Extremity:

# of fractures:

Other:

# of fractures:

AVN (avascular necrosis):\*

YES  NO  UNK

# Records

## Pediatric Pancreas Transplant Candidate Registration Worksheet

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<b>Provider Information</b>
<b>Recipient Center:</b>

<b>Candidate Information</b>			
<b>Organ Registered:</b>		<b>Date of Listing or Add:</b>	
<b>Last Name:*</b>	<b>First Name:*</b>	<b>MI:</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Previous Surname:</b>			
<input type="text"/>			
<b>SSN:</b>	<b>Gender:*</b>	<input type="radio"/> Male <input type="radio"/> Female	
<b>HIC:</b>	<input type="text"/>	<b>DOB:*</b>	<input type="text"/>
<b>State of Permanent Residence:*</b>			
<input type="text"/>			
<b>Permanent ZIP Code:*</b>			
<input type="text"/> - <input type="text"/>			
<b>Is Patient waiting in permanent ZIP code:</b>			
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK			

**Ethnicity/Race:\***  
(select all origins that apply)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian Indian/Indian Sub-Continent
<input type="checkbox"/> Eskimo	<input type="checkbox"/> Chinese
<input type="checkbox"/> Aleutian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Alaska Indian	<input type="checkbox"/> Japanese
<input type="checkbox"/> American Indian or Alaska Native: Other	<input type="checkbox"/> Korean
<input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Asian: Other
	<input type="checkbox"/> Asian: Not Specified/Unknown
<b>Black or African American</b>	<b>Hispanic/Latino</b>
<input type="checkbox"/> African American	<input type="checkbox"/> Mexican
<input type="checkbox"/> African (Continental)	<input type="checkbox"/> Puerto Rican (Mainland)
<input type="checkbox"/> West Indian	<input type="checkbox"/> Puerto Rican (Island)
<input type="checkbox"/> Haitian	<input type="checkbox"/> Cuban
<input type="checkbox"/> Black or African American: Other	<input type="checkbox"/> Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

White

Native Hawaiian

European Descent

Guamanian or Chamorro

Arab or Middle Eastern

Samoan

North African (non-Black)

Native Hawaiian or Other Pacific Islander: Other

White: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Functional Status:** \*

**Cognitive Development:** \*

Definite Cognitive delay/impairment

Probable Cognitive delay/impairment

Questionable Cognitive delay/impairment

No Cognitive delay/impairment

Not Assessed

**Motor Development:** \*

Definite Motor delay/impairment

Probable Motor delay/impairment

Questionable Motor delay/impairment

No Motor delay/impairment

Not Assessed

**Academic Progress:** \*

Within One Grade Level of Peers

Delayed Grade Level

Special Education

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

**Academic Activity Level:** \*

Full academic load

Reduced academic load

Unable to participate in academics due to disease or condition

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

**Previous Transplants:**

Organ	Date	Graft Fail Date

*The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.*

**Previous Pancreas Islet Infusion:**

YES  NO  UNK

**Source of Payment:**

**Primary:** \*

Specify:

**Secondary:**

**Clinical Information: AT LISTING**

Date of Measurement:

Height: \*

 ft.  in.  cm ST= 

Weight: \*

 lbs  kg ST= 

BMI:

kg/m<sup>2</sup>

ABO Blood Group:

Primary Diagnosis: \*

Specify:

General Medical Factors:

Diabetes: \*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

Angina:

- No
- Yes, and documented Coronary Artery Disease
- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown

Status Unknown

Drug Treated Systemic Hypertension:  YES  NO  UNK

Symptomatic Cerebrovascular Disease:  YES  NO  UNK

Symptomatic Peripheral Vascular Disease:  YES  NO  UNK

Drug Treated COPD:  YES  NO  UNK

Any previous Malignancy:  YES  NO  UNK

Specify Type:

- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid
- Tongue/Throat/Larynx
- Lung
- Leukemia/Lymphoma
- Liver
- Other, specify

Specify:

Most Recent Serum Creatinine:  mg/dl ST=

Total Serum Albumin:  g/dl ST=

### Pancreas Medical Factors

Age of Diabetes Onset:  yrs ST=

# Records

## Pediatric Liver Transplant Candidate Registration Worksheet

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### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name: \*

First Name: \*

MI:

Previous Surname:

SSN:

Gender: \*

Male  Female

HIC:

DOB: \*

State of Permanent Residence: \*

Permanent ZIP Code: \*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race: \*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

White

Native Hawaiian

European Descent

Guamanian or Chamorro

Arab or Middle Eastern

Samoan

North African (non-Black)

Native Hawaiian or Other Pacific Islander: Other

White: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White: Not Specified/Unknown

**Citizenship:**\*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:**\*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Patient on Life Support:**\*

YES  NO

Ventilator

Artificial Liver

Other Mechanism, Specify



Specify:

**Functional Status:** \*

**Cognitive Development:** \*

- Definite Cognitive delay/impairment
- Probable Cognitive delay/impairment
- Questionable Cognitive delay/impairment
- No Cognitive delay/impairment
- Not Assessed

**Motor Development:** \*

- Definite Motor delay/impairment
- Probable Motor delay/impairment
- Questionable Motor delay/impairment
- No Motor delay/impairment
- Not Assessed

**Academic Progress:** \*

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

**Academic Activity Level:** \*

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

**Previous Transplants:**

Organ	Date	Graft Fail Date

*The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.*

Previous Pancreas Islet Infusion:

YES  NO  UNK

Source of Payment:

Primary: \*

Specify:

Secondary:

**Clinical Information: AT LISTING**

Date of Measurement:

Height: \*

 ft.  in.  cm ST= 

Weight: \*

 lbs  kg ST= 

BMI:

kg/m<sup>2</sup>

ABO Blood Group:

Primary Diagnosis: \*

Specify:

Secondary Diagnosis:

Specify:

General Medical Factors:

Diabetes: \*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- CAVH: Continuous Arteriovenous Hemofiltration
- CV VH: Continuous Venous/Venous Hemofiltration
- Dialysis Status Unknown

Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

Angina:

- No
- Yes, and documented Coronary Artery Disease
- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown
- Status Unknown

Drug Treated Systemic Hypertension:

YES  NO  UNK

Symptomatic Cerebrovascular Disease:

YES  NO  UNK

Symptomatic Peripheral Vascular Disease:

YES  NO  UNK

Drug Treated COPD:

YES  NO  UNK

Pulmonary Embolism:

YES  NO  UNK

Any previous Malignancy:\*

YES  NO  UNK

Specify Type:

- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid
- Tongue/Throat/Larynx
- Lung
- Leukemia/Lymphoma

- Liver
- Hepatoblastoma
- Hepatocellular Carcinoma
- Other, specify

Specify:

Most Recent Serum Creatinine:

 mg/dl

ST=

### Liver Medical Factors

Variceal Bleeding within Last Two Weeks:

YES  NO  UNK

Previous Upper Abdominal Surgery: \*

YES  NO  UNK

Spontaneous Bacterial Peritonitis: \*

YES  NO  UNK

History of Portal Vein Thrombosis: \*

YES  NO  UNK

History of TIPSS: \*

YES  NO  UNK

# Records

## Pediatric Intestine Transplant Candidate Registration Worksheet

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<b>Provider Information</b>
<b>Recipient Center:</b>

<b>Candidate Information</b>			
<b>Organ Registered:</b>	<b>Date of Listing or Add:</b>		
<b>Last Name:*</b>	<b>First Name:*</b>	<b>MI:</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Previous Surname:</b>			
<input type="text"/>			
<b>SSN:</b>	<b>Gender:*</b>	<input type="radio"/> Male <input type="radio"/> Female	
<b>HIC:</b>	<input type="text"/>	<b>DOB:*</b>	<input type="text"/>
<b>State of Permanent Residence:*</b>	<input type="text"/>		
<b>Permanent ZIP Code:*</b>	<input type="text"/> - <input type="text"/>		
<b>Is Patient waiting in permanent ZIP code:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK		

**Ethnicity/Race:\***  
(select all origins that apply)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian Indian/Indian Sub-Continent
<input type="checkbox"/> Eskimo	<input type="checkbox"/> Chinese
<input type="checkbox"/> Aleutian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Alaska Indian	<input type="checkbox"/> Japanese
<input type="checkbox"/> American Indian or Alaska Native: Other	<input type="checkbox"/> Korean
<input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Asian: Other
	<input type="checkbox"/> Asian: Not Specified/Unknown
<b>Black or African American</b>	<b>Hispanic/Latino</b>
<input type="checkbox"/> African American	<input type="checkbox"/> Mexican
<input type="checkbox"/> African (Continental)	<input type="checkbox"/> Puerto Rican (Mainland)
<input type="checkbox"/> West Indian	<input type="checkbox"/> Puerto Rican (Island)
<input type="checkbox"/> Haitian	<input type="checkbox"/> Cuban
<input type="checkbox"/> Black or African American: Other	<input type="checkbox"/> Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

White

Native Hawaiian

European Descent

Guamanian or Chamorro

Arab or Middle Eastern

Samoan

North African (non-Black)

Native Hawaiian or Other Pacific Islander: Other

White: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Patient on Life Support:** \*

YES  NO

Ventilator

Artificial Liver

Other Mechanism, Specify

Specify:

**Functional Status:** \*

**Cognitive Development:** \*

- Definite Cognitive delay/impairment
- Probable Cognitive delay/impairment
- Questionable Cognitive delay/impairment
- No Cognitive delay/impairment
- Not Assessed

**Motor Development:** \*

- Definite Motor delay/impairment
- Probable Motor delay/impairment
- Questionable Motor delay/impairment
- No Motor delay/impairment
- Not Assessed

**Academic Progress:** \*

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

**Academic Activity Level:** \*

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

**Previous Transplants:**

Organ	Date	Graft Fail Date

*The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.*

Previous Pancreas Islet Infusion:

YES  NO  UNK

Source of Payment:

Primary: \*

Specify:

Secondary:

**Clinical Information: AT LISTING**

Date of Measurement:

Height: \*

 ft.  in.  cm ST= 

Weight: \*

 lbs  kg ST= 

BMI:

kg/m<sup>2</sup>

ABO Blood Group:

Primary Diagnosis: \*

Specify:

Secondary Diagnosis:

Specify:

General Medical Factors:

Diabetes: \*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed



Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

Angina:

- No
- Yes, and documented Coronary Artery Disease
- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown
- Status Unknown

Drug Treated Systemic Hypertension:

- YES  NO  UNK

Symptomatic Cerebrovascular Disease:

- YES  NO  UNK

Symptomatic Peripheral Vascular Disease:

- YES  NO  UNK

Drug Treated COPD:

- YES  NO  UNK

Pulmonary Embolism:

- YES  NO  UNK

Any previous Malignancy:\*

- YES  NO  UNK

Specify Type:

- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid
- Tongue/Throat/Larynx
- Lung
- Leukemia/Lymphoma
- Liver
- Hepatoblastoma

Hepatocellular Carcinoma

Other, specify

Specify:

Most Recent Serum Creatinine:

 mg/dl

ST=

Total Serum Albumin:

 g/dl

ST=

Total Bilirubin:\*

 mg/dl

ST=

### Intestine Medical Factors

Loss of two or more vascular access sites: \*  YES  NO  UNK

Intestine Neoplasm:  YES  NO  UNK

History of Portomesenteric Vein Thrombosis: \*  YES  NO  UNK

History of TIPSS:  YES  NO  UNK

Variceal Bleeding within Last Two Weeks: \*  YES  NO  UNK

Recurrent sepsis: \*  YES  NO  UNK

Fungal sepsis: \*  YES  NO  UNK

Unmanageable fluid-electrolyte losses: \*  YES  NO  UNK

"Non-Reconstructible" GI tract: \*  YES  NO  UNK

# Records

## Pediatric Heart Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 03/31/2015

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI<sup>®</sup> application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI<sup>®</sup> application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name: \*

First Name: \*

MI:

Previous Surname:

SSN:

Gender: \*

Male  Female

HIC:

DOB:

State of Permanent Residence: \*

Permanent ZIP Code: \*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race: \*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

White

Native Hawaiian

European Descent

Guamanian or Chamorro

Arab or Middle Eastern

Samoan

North African (non-Black)

Native Hawaiian or Other Pacific Islander: Other

White: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Patient on Life Support:** \*

YES  NO

Extra Corporeal Membrane Oxygenation

Intra Aortic Balloon Pump

Prostaglandins

- Intravenous Inotropes
- Inhaled NO
- Ventilator
- Other Mechanism, Specify

Specify:

Patient on Ventricular Assist Device: \*

- NONE
- LVAD
- RVAD
- TAH
- LVAD+RVAD

VAD Brand1:

Specify:

VAD Brand2:

Specify:

Functional Status: \*

Cognitive Development: \*

- Definite Cognitive delay/impairment
- Probable Cognitive delay/impairment
- Questionable Cognitive delay/impairment
- No Cognitive delay/impairment
- Not Assessed

Motor Development: \*

- Definite Motor delay/impairment
- Probable Motor delay/impairment
- Questionable Motor delay/impairment
- No Motor delay/impairment
- Not Assessed

- Within One Grade Level of Peers
- Delayed Grade Level

Academic Progress:\*

- Special Education
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

Academic Activity Level:\*\*

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

Previous Transplants:

Organ	Date	Graft Fail Date

The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.

Previous Pancreas Islet Infusion:

- YES
- NO
- UNK

Source of Payment:

Primary:\*

Specify:

Secondary:

Clinical Information: AT LISTING

Date of Measurement:

Height: \*

 ft.  in.  cm ST= 

Weight: \*

 lbs  kg ST= 

BMI:

kg/m<sup>2</sup>

ABO Blood Group:

Primary Diagnosis:\*\*

Specify:

General Medical Factors:

- No

Diabetes: \*

- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Dialysis: \*

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

Angina:

- No angina
- Stable angina - strenuous activity results in angina
- Stable angina - ordinary physical activity results in angina
- Stable angina - no rest angina; does have angina with less than ordinary activity
- Stable angina - angina with any physical activity or at rest
- Unstable angina
- Unknown if angina present

Drug Treated Systemic Hypertension:

- YES
- NO
- UNK

Symptomatic Cerebrovascular Disease: \*

- YES
- NO
- UNK

Symptomatic Peripheral Vascular Disease:

- YES
- NO
- UNK

Drug Treated COPD:

- YES
- NO
- UNK

Pulmonary Embolism:

YES  NO  UNK

Any Previous Transfusions:

YES  NO  UNK

Any previous Malignancy:\*

YES  NO  UNK

Skin Melanoma

Skin Non-Melanoma

CNS Tumor

Genitourinary

Breast

Specify Type:

Thyroid

Tongue/Throat/Larynx

Lung

Leukemia/Lymphoma

Liver

Other, specify

Specify:

Most Recent Serum Creatinine:\*

 mg/dl

ST=

Total Serum Albumin:\*

 g/dl

ST=

**Heart Medical Factors:**

Sudden Death:\*

YES  NO  UNK

Antiarrhythmics:

YES  NO  UNK

Amiodarone:

YES  NO  UNK

Implantable Defibrillator:\*

YES  NO  UNK

Infection Requiring IV Drug Therapy within 2/wks prior to listing:

YES  NO  UNK

Exercise Oxygen Consumption:\*

 ml/min/kg

ST=

Most Recent Hemodynamics:

Inotropes/Vasodilators:

PA (sys) mm/Hg:\*

ST=

YES  NO

ST=



PA (dia) mm/Hg:\*

YES  NO

PA (mean) mm/Hg:\*

ST=

YES  NO

PCW (mean) mm/Hg:\*

ST=

YES  NO

CO L/min:\*

ST=

YES  NO

History of Cigarette Use:\*

YES  NO

0-10

11-20

21-30

If Yes, Check # pack years:

31-40

41-50

>50

Unknown pack years

0-2 months

3-12 months

13-24 months

25-36 months

Duration of Abstinence:

37-48 months

49-60 months

>60 months

Continues To Smoke

Unknown duration

Other Tobacco Use:

YES  NO  UNK

Prior Thoracic Surgery other than prior transplant:\*

YES  NO  UNK

Unknown if there were prior sternotomies

If yes, number of prior sternotomies:

- 0
- 1
- 2
- 3
- 4
- 5+
- Unknown number of prior sternotomies
- Unknown if there were prior thoracotomies

If yes, number of prior thoracotomies:

- 0
- 1
- 2
- 3
- 4
- 5+
- Unknown number of prior thoracotomies

**Prior congenital cardiac surgery:**

- YES  NO  UNK

If yes, palliative surgery:

- YES  NO  UNK

If yes, corrective surgery:

- YES  NO  UNK

If yes, single ventricular physiology:

- YES  NO  UNK

# Records

## Pediatric Heart/Lung Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 03/31/2015

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI<sup>®</sup> application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI<sup>®</sup> application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name: \*

First Name: \*

MI:

Previous Surname:

SSN:

Gender: \*

Male  Female

HIC:

DOB: \*

State of Permanent Residence: \*

Permanent ZIP Code: \*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race: \*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

White

Native Hawaiian

European Descent

Guamanian or Chamorro

Arab or Middle Eastern

Samoan

North African (non-Black)

Native Hawaiian or Other Pacific Islander: Other

White: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Patient on Life Support:** \*

YES  NO

Extra Corporeal Membrane Oxygenation

Intra Aortic Balloon Pump

Prostacyclin Infusion

- Prostacyclin Inhalation
- Intravenous Inotropes
- Inhaled NO
- Ventilator
- Other Mechanism, Specify

Specify:

**Patient on Ventricular Assist Device: \***

- NONE
- LVAD
- RVAD
- TAH
- LVAD+RVAD

VAD Brand1:

Specify:

VAD Brand2:

Specify:

**Functional Status: \***

**Cognitive Development: \***

- Definite Cognitive delay/impairment
- Probable Cognitive delay/impairment
- Questionable Cognitive delay/impairment
- No Cognitive delay/impairment
- Not Assessed

**Motor Development: \***

- Definite Motor delay/impairment
- Probable Motor delay/impairment
- Questionable Motor delay/impairment
- No Motor delay/impairment
- Not Assessed

- Within One Grade Level of Peers

Academic Progress:\*

- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

Academic Activity Level:\*

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

Previous Transplants:

Organ	Date	Graft Fail Date

The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.

Previous Pancreas Islet Infusion:

- YES  NO  UNK

Source of Payment:

Primary:\*

Specify:

Secondary:

**Clinical Information: AT LISTING**

Date of Measurement:

Height:\*

ft.  in.  cm    **ST=**

Weight:\*

lbs  kg    **ST=**

BMI:

kg/m<sup>2</sup>

ABO Blood Group:

Primary Diagnosis:\*

Specify:

General Medical Factors:

Diabetes: \*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

Angina:

- No angina
- Stable angina - strenuous activity results in angina
- Stable angina - ordinary physical activity results in angina
- Stable angina - no rest angina; does have angina with less than ordinary activity
- Stable angina - angina with any physical activity or at rest
- Unstable angina
- Unknown if angina present

Drug Treated Systemic Hypertension:

- YES  NO  UNK

Symptomatic Cerebrovascular Disease:

- YES  NO  UNK

Symptomatic Peripheral Vascular Disease:

- YES  NO  UNK

Drug Treated COPD:

- YES  NO  UNK

Pulmonary Embolism:

YES  NO  UNK

Any previous Malignancy:\*

YES  NO  UNK

Skin Melanoma

Skin Non-Melanoma

CNS Tumor

Genitourinary

Breast

Thyroid

Tongue/Throat/Larynx

Lung

Leukemia/Lymphoma

Liver

Other, specify

Specify Type:

Specify:

Most Recent Serum Creatinine:

 mg/dl

ST=

Total Serum Albumin:\*

 g/dl

ST=

### Heart Medical Factors

Sudden Death:\*

YES  NO  UNK

Antiarrhythmics:

YES  NO  UNK

Amiodarone:

YES  NO  UNK

Implantable Defibrillator:\*

YES  NO  UNK

Infection Requiring IV Drug Therapy within 2/wks prior to listing:

YES  NO  UNK

Exercise Oxygen Consumption:\*

 ml/min/kg

ST=

### Lung Medical Factors

Pulmonary Status:

FVC:

 %predicted

ST=

FeV1:

 %predicted

ST=

pCO2:

 mm/Hg

ST=



FeV1(L)/FVC(L):

ST=

O2 Requirement at Rest:

 L/min

ST=

IV Treated Pulmonary Sepsis Episode  $\geq$  2 in last 12 months:

YES  NO  UNK

Corticosteroid Dependency  $\geq$  5mg/day:

YES  NO  UNK

Six minute walk distance:

 # of feet

Pan-Resistant Bacterial Lung Infection:\*

YES  NO  UNK

### Heart/Lung Medical Factors:

Most Recent Hemodynamics:

Inotropes/Vasodilators:

PA (sys) mm/Hg:\*

ST=

YES  NO

PA (dia) mm/Hg:\*

ST=

YES  NO

PA (mean) mm/Hg:\*

ST=

YES  NO

PCW (mean) mm/Hg:\*

ST=

YES  NO

CO L/min:\*

ST=

YES  NO

History of Cigarette Use:\*

YES  NO

0-10

11-20

21-30

If Yes, Check # pack years:

31-40

41-50

>50

Unknown pack years

0-2 months

3-12 months

Duration of Abstinence:

- 13-24 months
- 25-36 months
- 37-48 months
- 49-60 months
- >60 months
- Continues To Smoke
- Unknown duration

Other Tobacco Use:

- YES  NO  UNK

Prior Thoracic Surgery other than prior transplant:\*

- YES  NO  UNK

If yes, number of prior sternotomies:

- Unknown if there were prior sternotomies
- 0
- 1
- 2
- 3
- 4
- 5+
- Unknown number of prior sternotomies

If yes, number of prior thoracotomies:

- Unknown if there were prior thoracotomies
- 0
- 1
- 2
- 3
- 4
- 5+
- Unknown number of prior thoracotomies

Prior congenital cardiac surgery:

- YES  NO  UNK

If yes, palliative surgery:

- YES  NO  UNK

If yes, corrective surgery:

- YES  NO  UNK

If yes, single ventricular physiology:

YES  NO  UNK

# Records

## Pediatric Lung Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 03/31/2015

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### Provider Information

Recipient Center:

### Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name: \*

First Name: \*

MI:

Previous Surname:

SSN:

Gender: \*

Male  Female

HIC:

DOB: \*

State of Permanent Residence: \*

Permanent ZIP Code: \*

 - 

Is Patient waiting in permanent ZIP code:

YES  NO  UNK

Ethnicity/Race: \*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Black or African American

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Black or African American: Not Specified/Unknown

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

White

Native Hawaiian

European Descent

Guamanian or Chamorro

Arab or Middle Eastern

Samoan

North African (non-Black)

Native Hawaiian or Other Pacific Islander: Other

White: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White: Not Specified/Unknown

**Citizenship:** \*

US Citizen

Non-US Citizen/US Resident

Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant

Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Year of Entry to the U.S.

**Highest Education Level:** \*

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12) or GED

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

**Medical Condition at time of listing:**

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

**Patient on Life Support:** \*

YES  NO

Extra Corporeal Membrane Oxygenation

Intra Aortic Balloon Pump

Prostacyclin Infusion

- Prostacyclin Inhalation
- Intravenous Inotropes
- Inhaled NO
- Ventilator
- Other Mechanism, Specify

Specify:

**Functional Status:** \*

**Cognitive Development:** \*

- Definite Cognitive delay/impairment
- Probable Cognitive delay/impairment
- Questionable Cognitive delay/impairment
- No Cognitive delay/impairment
- Not Assessed

**Motor Development:** \*

- Definite Motor delay/impairment
- Probable Motor delay/impairment
- Questionable Motor delay/impairment
- No Motor delay/impairment
- Not Assessed

**Academic Progress:** \*

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

**Academic Activity Level:** \*

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown



Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

Angina:

- No
- Yes, and documented Coronary Artery Disease
- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown
- Status Unknown

Drug Treated Systemic Hypertension:

YES  NO  UNK

Symptomatic Cerebrovascular Disease:

YES  NO  UNK

Symptomatic Peripheral Vascular Disease:

YES  NO  UNK

Any previous Malignancy: 

YES  NO  UNK

Specify Type:

- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid
- Tongue/Throat/Larynx
- Lung
- Leukemia/Lymphoma
- Liver
- Other, specify



Specify:

Most Recent Serum Creatinine:

 mg/dl

ST=

Total Serum Albumin:\*

 g/dl

ST=

### Lung Medical Factors

#### Pulmonary Status:

FVC:

 %predicted

ST=

FeV1:

 %predicted

ST=

pCO2:

 mm/Hg

ST=

FeV1(L)/FVC(L):

ST=

O2 Requirement at Rest:

 L/min

ST=

IV Treated Pulmonary Sepsis Episode >= 2 in last 12 months:

YES  NO  UNK

Corticosteroid Dependency >= 5mg/day:

YES  NO  UNK

Six minute walk distance:

 # of feet

Pan-Resistant Bacterial Lung Infection:\*

YES  NO  UNK

Infection Requiring IV Drug Therapy within 2/wks prior to listing:

YES  NO  UNK

### Heart/Lung Medical Factors:

Most Recent Hemodynamics:

Inotropes/Vasodilators:

PA (sys) mm/Hg:\*

ST=

YES  NO

PA (dia) mm/Hg:\*

ST=

YES  NO

PA (mean) mm/Hg:\*

ST=

YES  NO

PCW (mean) mm/Hg:\*

ST=

YES  NO

CO L/min:\*

ST=

YES  NO

History of Cigarette Use:\*

YES  NO

If Yes, Check # pack years:

- 0-10
- 11-20
- 21-30
- 31-40
- 41-50
- >50
- Unknown pack years

Duration of Abstinence:

- 0-2 months
- 3-12 months
- 13-24 months
- 25-36 months
- 37-48 months
- 49-60 months
- >60 months
- Continues To Smoke
- Unknown duration

Other Tobacco Use:

- YES  NO  UNK

Prior Thoracic Surgery other than prior transplant:\*

- YES  NO  UNK

If yes, number of prior sternotomies:

- Unknown if there were prior sternotomies
- 0
- 1
- 2
- 3
- 4
- 5+
- Unknown number of prior sternotomies
- Unknown if there were prior thoracotomies
- 0

If yes, number of prior thoracotomies:

1

2

3

4

5+

Unknown number of prior thoracotomies

**Prior congenital cardiac surgery:**

YES  NO  UNK

If yes, palliative surgery:

YES  NO  UNK

If yes, corrective surgery:

YES  NO  UNK

If yes, single ventricular physiology:

YES  NO  UNK