

Records

Pediatric Heart Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 10/31/2010

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI[®] 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[®] 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: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Previous Surname: | | |
| <input type="text"/> | | |
| SSN: | Gender:* | <input type="radio"/> Male <input type="radio"/> Female |
| HIC: | <input type="text"/> | DOB: <input type="text"/> |
| State of Permanent Residence:* | <input type="text"/> | |
| Permanent ZIP Code:* | <input type="text"/> - <input type="text"/> | |
| Is Patient waiting in permanent ZIP code: | <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 |
| Black or African American | Hispanic/Latino |
| <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

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: *

U.S. CITIZEN

RESIDENT ALIEN

NON-RESIDENT ALIEN, Year Entered US

Year of Entry to the U.S.

Highest Education Level: *

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12)

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:

NONE

LVAD

RVAD

TAH

LVAD+RVAD

Patient on Ventricular Assist Device: *

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

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 %ile ST=

Weight: *

 lbs kg %ile ST=

BMI:

kg/m² %ile

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

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

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 Thoracic Surgery other than prior transplant:*

YES NO UNK

Unknown if there were prior sternotomies

0

1

If yes, number of prior sternotomies:

- 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

UNOS View Only

Comments: