

Records

Adult Lung 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

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
- Status Unknown

Full academic load

Reduced academic load

Academic Activity Level:

- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old/ High School graduate
- 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 %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

- 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

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 \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

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

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:

UNOS View Only

Comments: