

Records

Pediatric 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:

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

Asian

- Asian Indian/Indian Sub-Continent
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Asian: Other
- Asian: Not Specified/Unknown

Black or African American

- African American
- African (Continental)
- West Indian
- Haitian
- Black or African American: Other

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: *

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

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

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
- 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

0-10

11-20

If Yes, Check # pack years:

- 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

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

UNOS View Only

Comments: