

Records ?

Thoracic - Heart Transplant Recipient Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2007

Recipient Information	
Name:	DOB:
SSN:	Gender:
HIC:	Tx Date:
State of Permanent Residence:	<input type="text"/>
Permanent Zip:	<input type="text"/> - <input type="text"/>
Provider Information	
Recipient Center:	
Physician Name:	<input type="text"/>
Physician UPIN#:	<input type="text"/>
Surgeon Name:	<input type="text"/>
Surgeon UPIN#:	<input type="text"/>
Donor Information	
UNOS Donor ID #:	
Donor Type:	
Patient Status	
Primary Diagnosis:	<input type="text"/>
Specify:	<input type="text"/>
Date of: Report or Death: *	<input type="text"/>
Patient Status: *	<input type="radio"/> LIVING <input type="radio"/> DEAD <input type="radio"/> RETRANSPLANTED
Primary Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
	<input type="text"/>

Contributory Cause of Death:

Specify:

Contributory Cause of Death:

Specify:

Transplant Hospitalization:

Date of Admission to Tx Center:

Date of Discharge from Tx Center:

Was patient hospitalized during the last 90 days prior to the transplant admission: YES NO UNK

Medical Condition:

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:

Patient on Ventricular Assist Device

NONE

LVAD

RVAD

TAH

LVAD+RVAD

Life Support: VAD Brand1

Specify:

Life Support: VAD Brand2

Specify:

Functional Status:

- Performs activities of daily living with NO assistance.
- Performs activities of daily living with SOME assistance.
- Performs activities of daily living with TOTAL assistance.
- Not Applicable (example: Patient hospitalized, < 1 year old)
- Unknown

Physical Capacity:

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

Working for income:

- YES NO UNK

If No, Not Working Due To:

- Disability
- Demands of Treatment
- Insurance Conflict
- Inability to Find Work
- Patient Choice - Homemaker
- Patient Choice - Student Full Time/Part Time
- Patient Choice - Retired
- Patient Choice - Other
- Unknown

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

Academic Activity Level:

Full academic load

Reduced academic load

Unable to participate in academics due to disease or condition

Not Applicable < 5 years old

Status Unknown

Source of Payment:

Primary:

Specify:

Secondary:

Clinical Information : PRETRANSPLANT

Height: ft. in. cm %ile **ST=**

Weight: lbs kg %ile **ST=**

BMI: %ile

Previous Transplants:

Previous Transplant Organ	Previous Transplant Date	Previous Transplant Graft Fail Date

If there are any prior transplants that are not listed here, please contact the UNet Help Desk to have the transplant event added to the database by calling 800-978-4334 or by emailing unethelpdesk@unos.org.

Viral Detection

Have any of the following viruses ever been tested for:

(HIV, CMV, HBV, HCV, EBV)

YES NO

HIV:

YES NO

Test

Result

Was there clinical disease (ARC, AIDS):

YES NO UNK

Antibody:

Positive

Negative

Not Done

UNK/Cannot Disclose

RNA:

Positive

Negative

- Not Done
- UNK/Cannot Disclose

CMV: YES NO

Test

Result

Was there clinical disease: YES NO UNK

IgG:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

IgM:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

Nucleic Acid Testing:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

Culture:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HBV: YES NO

Test

Result

Was there clinical disease: YES NO UNK

Liver Histology:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose
- Positive
- Negative

- Core Antibody:
- Not Done
 - UNK/Cannot Disclose
- Surface Antigen:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose
- HBV DNA:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose

HCV: YES NO

- | Test | Result |
|-----------------------------|---|
| Was there clinical disease: | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK |
| Liver Histology: | <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose |
| Antibody: | <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose |
| RIBA: | <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose |
| HCV RNA: | <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose |

EBV:

YES NO

Test

Result

Was there clinical disease:

YES NO UNK

IgG:

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

IgM:

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

EBV DNA:

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

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

Most Recent Serum Creatinine:

 mg/dl

ST=

Most Recent Total Bilirubin:

 mg/dl

ST=

Chronic Steroid Use:

YES NO UNK

Events occurring between listing and transplant:

Transfusions: YES NO UNK

Pulmonary Embolism: YES NO UNK

Infection Requiring IV Therapy within 2 wks prior to Tx: YES NO UNK

Cerebrovascular Event: YES NO UNK

Dialysis: YES NO UNK

Implantable Defibrillator: 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:

Episode of Ventilatory Support: YES NO UNK

If yes, indicate most recent timeframe:

- At time of transplant
- Within 3 months of transplant
- >3 months prior to transplant

Previous Pregnancies:

- NO PREVIOUS PREGNANCY
- 1 PREVIOUS PREGNANCY
- 2 PREVIOUS PREGNANCIES
- 3 PREVIOUS PREGNANCIES
- 4 PREVIOUS PREGNANCIES
- 5 PREVIOUS PREGNANCIES
- MORE THAN 5 PREVIOUS PREGNANCIES
- NOT APPLICABLE: < 10 years old
- UNKNOWN

Malignancies between listing and transplant:

- YES NO UNK

If yes, specify type:

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

Specify:

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient

Procedure Type:

- Heart
- Heart Lung

Heart Procedure:

- Orthotopic Bicaval
- Orthotopic Traditional
- Orthotopic Total (Bicaval, PV)
- Heterotopic

Was this a retransplant due to failure of a previous thoracic graft:

- YES NO

Total Organ Ischemia Time (include cold, warm and anastomotic time):

Heart, Heart-Lung: min ST= Left Lung: min ST= Right Lung: min ST=

Clinical Information : POST TRANSPLANT

Graft Status: Functioning FailedDate of Graft Failure: Primary Cause of Graft Failure: Primary Non-Function Acute Rejection Chronic Rejection/Atherosclerosis

Events Prior to Discharge:

Any Drug Treated Infection: YES NO UNKStroke: YES NO UNKDialysis: YES NO UNKCardiac Re-Operation: YES NO UNKOther Surgical Procedures: YES NO UNKTime on inotropes other than Isoproterenol (Isuprel): days ST= Permanent Pacemaker: YES NO UNKChest drain >2 weeks: YES NO UNKAirway Dehiscence: YES NO UNK

Did patient have any acute rejection episodes between transplant and discharge:

 Yes, at least one episode treated with anti-rejection agent Yes, none treated with additional anti-rejection agent No Biopsy not done

Was biopsy done to confirm acute rejection:

 Yes, rejection confirmed Yes, rejection not confirmed

Treatment

Biological or Anti-viral Therapy:

YES NO Unknown/Cannot disclose

Acyclovir (Zovirax)

Cytogamn (CMV)

Gamimune

Gammagard

Ganciclovir (Cytovene)

Valgancyclovir (Valcyte)

HBIG (Hepatitis B Immune Globulin)

Flu Vaccine (Influenza Virus)

Lamivudine (Epiriv) (for treatment of Hepatitis B)

Other, Specify

If Yes, check all that apply:

Specify:

Specify:

Other therapies:

YES NO

Photopheresis

If Yes, check all that apply:

Plasmapheresis

Total Lymphoid Irradiation (TLI)

Immunosuppressive Information

Are any medications given currently for maintenance or anti-rejection:

YES NO

Did the patient participate in any clinical research protocol for immunosuppressive medications:

YES NO

If Yes, Specify:

Immunosuppressive Medications

View Immunosuppressive Medications

Definitions Of Immunosuppressive Medications

For each of the immunosuppressant medications listed, check **Previous Maintenance (Prev Maint)**, **Current Maintenance (Curr Maint)** or **Anti-rejection (AR)** to indicate all medications that were prescribed for the recipient during this follow-up period, and for what reason. If a medication was not given, leave the associated box(es) blank.

Previous Maintenance (Prev Maint) includes all immunosuppressive medications given during the report period, which covers the period from the last clinic visit to the current clinic visit, with the intention to maintain them long-term (example: Prednisone, Cyclosporine, Tacrolimus, Mycophenolate Mofetil, Azathioprine, or Rapamycin). This does not include any immunosuppressive medications given to treat rejection episodes.

Current Maintenance (Curr Maint) includes all immunosuppressive medications given at the current clinic visit to begin in the next report period with the intention to maintain them long-term (example: Prednisone, Cyclosporine, Tacrolimus, Mycophenolate Mofetil, Azathioprine, or Rapamycin). This does not include any immunosuppressive medications given to treat rejection episodes.

Anti-rejection (AR) immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode since the last clinic visit (example: Methylprednisolone, Atgam, OKT3, or Thymoglobulin). When switching maintenance drugs (example: from

Tacrolimus to Cyclosporine; or from Mycophenolate Mofetil to Azathioprine) because of rejection, the drugs should not be listed under AR immunosuppression, but should be listed under maintenance immunosuppression.

Note: The Anti-rejection field refers to any anti-rejection medications since the last clinic visit, not just at the time of the current clinic visit.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Previous Maint, or Current Maint, or AR next to Other Immunosuppressive Medication field, and enter the full name of the medication in the space provided. **Do not list non-immunosuppressive medications.**

	Ind.	Days	ST	Maint	AR
Steroids (Prednisone, Methylprednisolone, Solumedrol, Medrol, Decadron)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atgam (ATG, Anti-thymocyte Globulin)/NRATG/NRATS	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OKT3 (Orthoclone, Muromonab)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thymoglobulin	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Simulect - Basiliximab	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Zenapax - Daclizumab	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Azathioprine (AZA, Imuran)	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EON (Generic Cyclosporine)	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gengraf (Abbott Cyclosporine)	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other generic Cyclosporine, specify brand: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Neoral (CyA-NOF)	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sandimmune (Cyclosporine A)	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mycophenolate Mofetil (MMF, Cellcept, RS61443)	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tacrolimus (Prograf, FK506)	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sirolimus (RAPA, Rapamycin, Rapamune)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Immunosuppressive Medications

	Ind.	Days	ST	Maint	AR
Campath - Alemtuzumab (anti-CD52)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cyclophosphamide (Cytozan)	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="text"/>		

Leflunomide (LFL)	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Methotrexate (Folex, PFS, Mexate-AQ, Rheumatrex)	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Immunosuppressive Medication, Specify	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Immunosuppressive Medication, Specify	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Investigational Immunosuppressive Medications					
	Ind.	Days	ST	Maint	AR
Everolimus (RAD, Certican)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ERL (Myfortic) - Mycophenolate Sodium	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FTY 720	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

UNOS View Only	
Comments:	<div style="border: 1px solid gray; height: 60px; width: 100%;"></div>