

Pediatric Thoracic - Heart/Lung Transplant Recipient Registration Worksheet

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.

Recipient Information	
Name:	DOB:
SSN:	Birth sex:
HIC:	Transplant Date and Time:
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 NPI#: *	<input type="text"/>
Surgeon Name: *	<input type="text"/>
Surgeon NPI#: *	<input type="text"/>

Donor Information	
UNOS Donor ID #:	
Recovering OPO:	
Donor Type:	

Patient Status	
Primary Diagnosis: *	<input type="text"/>
Specify:	<input type="text"/>
Date: Last Seen, Retransplanted 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"/>
Contributory Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Contributory Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Transplant Hospitalization:	
Date of Admission to Tx Center: *	<input type="text"/>
Date of Discharge from Tx Center:	<input type="text"/>

Clinical Information : PRETRANSPLANT	
Medical Condition at time of transplant: *	<input type="radio"/> IN INTENSIVE CARE UNIT <input type="radio"/> HOSPITALIZED NOT IN ICU <input type="radio"/> NOT HOSPITALIZED
Patient on Life Support: *	<input type="radio"/> YES <input type="radio"/> NO

- Extra Corporeal Membrane Oxygenation
- Intra Aortic Balloon Pump
- Prostacyclin Infusion
- Prostacyclin Inhalation
- 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:*

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, too young for school/ 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 due to dialysis
- Not Applicable, too young for school/ High School graduate or GED
- Status Unknown

Source of Payment:

Primary:*

Specify:

Height Measurement Date:

Height:*

 ft. in. cm **ST=**

Weight Measurement Date:

Weight:*

 lbs kg **ST=**

BMI:

kg/m²

Previous Transplants:

Previous Transplant Organ

Previous Transplant Date

Previous Transplant 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.

Viral Detection:

HIV Serostatus: *

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

CMV Status *

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

HBV Surface Antibody Total *

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

HBV Core Antibody: *

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

HBV Surface Antigen: *

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

HCV Serostatus: *

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

EBV Serostatus: *

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

Vaccination Status:

Did the recipient receive Hepatitis B vaccines prior to transplant?: *

- YES
- NO
- UNK

Reason not vaccinated:

- Immunity
- Medical precaution
- Time constraints
- Patient objection
- Product out of stock
- Other, specify

Specify:

NAT Results:

HIV NAT: *

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

HBV NAT:*

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

HCV NAT:*

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

Most Recent Hemodynamics:

Inotropes/Vasodilators:

PA (sys)mm/Hg:*	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO
PA(dia) mm/Hg:*	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO
PA(mean) mm/Hg:*	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO
PCWP mm/Hg:*	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO
CO L/min:*	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO

Most Recent Serum Creatinine:* mg/dl ST=

Most Recent Total Bilirubin:* mg/dl ST=

Chronic Steroid Use:* YES NO UNK

Pulmonary Status (Give most recent value):

FVC:* %predicted: ST=

FeV1:* %predicted: ST=

pCO2:* mm/Hg: ST=

Events occurring between listing and transplant:

Transfusions:* YES NO UNK

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

Dialysis:* YES NO UNK

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

Tracheostomy:* 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+

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

Pretransplant Titer Information:

Most Recent Anti-A Titer:

Sample Date:

Most Recent Anti-B Titer:

Sample Date:

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient

Were extra vessels used in the transplant procedure:

Procedure Type:

Heart

Heart Lung

Total Organ Preservation Time From Cross Clamp to In Situ Reperfusion (include warm and cold time):

Heart, Heart-Lung:

min

ST=

Lung(s) perfused prior to transplant?

YES NO

Perfusion occurred at:

Recovery Site (donor hospital)

OPO

Transplant hospital - transplant site

Transplant hospital - not transplant site

External perfusion center

Perfusion performed by:

OPO

Transplant Program

External perfusion center

Total time on perfusion:

min

ST=

Left lung received at transplant center:

Received at center on ice

Received at center on pump, stayed on pump

Received at center on pump, put on ice

Right lung received at transplant center:

Received at center on ice

Received at center on pump, stayed on pump

Received at center on pump, put on ice

Organ Check-in Information:

Heart Check-In Date and Time:

Date: **Time:** Military time **Time Zone:**

ST=

Left Lung Check-In Date and Time:

Date: **Time:** Military time **Time Zone:**

ST=

Right Lung Check-In Date and Time:

Date: **Time:** Military time **Time Zone:**

ST=

En Bloc Lungs
Check-In Date
and Time:

Date: Time: Military time Time Zone:

ST=

Clinical Information : POST TRANSPLANT

Graft Status:*

Functioning Failed

If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.

Date of Graft Failure:

Primary Cause of Graft Failure:

Primary Non-Function
 Acute Rejection
 Chronic Rejection/Atherosclerosis
 Other, Specify

Specify:

PostTransplant Titer Information:

Most Recent Anti-A Titer:

Sample Date:

Most Recent Anti-B Titer:

Sample Date:

Primary Graft Dysfunction at 24 hours:

Is Primary Graft Dysfunction (PGD) present:*

YES NO UNK

PGD - Left Ventricular Dysfunction (PGD-LV):*

YES NO UNK

PGD - Right Ventricular Dysfunction (PGD-RV):*

YES NO UNK

Left Ventricular Ejection Fraction (LVEF):*

Severely Depressed LV Function (EF <30%)
 Moderately Depressed LV Function (EF >=30% - <40%)
 Mildly Depressed LV Function (EF >=40% - <50%)
 Normal LV Function (EF >=50%)
 Unknown

Hemodynamics at 24 hours:

Right Atrial (RA) Pressure:*

mm/Hg

ST=

Pulmonary Capillary Wedge Pressure (PCWP):*

mm/Hg

ST=

Left Atrial (LA) Pressure:*

mm/Hg

ST=

Pulmonary Artery (PA) Systolic Pressure:*

mm/Hg

ST=

Pulmonary Artery (PA) Diastolic Pressure:*

mm/Hg

ST=

Cardiac Output (CO):*

L/min

ST=

Patient on Life Support at 24 hours:*

YES NO

Extra Corporeal Membrane Oxygenation

Intra Aortic Balloon Pump

Inhaled NO

Patient on Ventricular Assist Device at 24 hours:*

NONE

LVAD

RVAD

TAH

LVAD+RVAD

VAD Brand1:*

Specify:*

VAD Brand2:*

Specify:*

Epoprostenol at 24 hours following transplant:*

YES NO UNK

Inotrope Support at 24 hours:

Epinephrine:*

mcg/kg/min

Milrinone:*

mcg/kg/min

Dobutamine:*

mcg/kg/min

Dopamine: *	<input type="text"/>	mcg/kg/min
Vasopressors at 24 hours:		
Levo (Norepinephrine - Levophed): *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Unit of measure: *	<input type="radio"/> mcg/min	
	<input type="radio"/> mcg/kg/min	
Dosage: *	<input type="text"/>	mcg/min
Dosage: *	<input type="text"/>	mcg/kg/min
Neo (Phenylephrine – Neosynephrine): *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Unit of measure: *	<input type="radio"/> mcg/min	
	<input type="radio"/> mcg/kg/min	
Dosage: *	<input type="text"/>	mcg/min
Dosage: *	<input type="text"/>	mcg/kg/min
Vaso (Vasopressin – Pitressin): *	<input type="text"/>	unit/min
Primary Graft Dysfunction at 72 hours		
Is Primary Graft Dysfunction (PGD) present: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
PGD - Left Ventricular Dysfunction (PGD-LV): *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
PGD - Right Ventricular Dysfunction (PGD-LV): *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Left Ventricular Ejection Fraction (LVEF): *	<input type="radio"/> Severely Depressed LV Function (EF <30%) <input type="radio"/> Moderately Depressed LV Function (EF >=30% - <40%) <input type="radio"/> Mildly Depressed LV Function (EF >=40% - <50%) <input type="radio"/> Normal LV Function (EF >=50%) <input type="radio"/> Unknown	
Hemodynamics at 72 hours:		
Right Atrial (RA) Pressure: *	<input type="text"/> mm/Hg	ST= <input type="text"/>
Pulmonary Capillary Wedge Pressure (PCWP): *	<input type="text"/> mm/Hg	ST= <input type="text"/>
Left Atrial (LA) Pressure: *	<input type="text"/> mm/Hg	ST= <input type="text"/>
Pulmonary Artery (PA) Systolic Pressure: *	<input type="text"/> mm/Hg	ST= <input type="text"/>
Pulmonary Artery (PA) Diastolic Pressure: *	<input type="text"/> mm/Hg	ST= <input type="text"/>
Cardiac Output (CO): *	<input type="text"/> L/min	ST= <input type="text"/>
Patient on Life Support at 72 hours?*	<input type="radio"/> YES <input type="radio"/> NO <input type="checkbox"/> Extra Corporeal Membrane Oxygenation <input type="checkbox"/> Intra Aortic Balloon Pump <input type="checkbox"/> Inhaled NO	
Patient on Ventricular Assist Device at 72 hours:*	<input type="radio"/> NONE <input type="radio"/> LVAD <input type="radio"/> RVAD <input type="radio"/> TAH <input type="radio"/> LVAD+RVAD	
VAD Brand1: *	<input type="text"/>	
Specify: *	<input type="text"/>	
VAD Brand2: *	<input type="text"/>	
Specify: *	<input type="text"/>	
Epoprostenol at 72 hours following transplant:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Inotrope Support at 72 hours:		
Epinephrine: *	<input type="text"/>	mcg/kg/min
Milrinone: *	<input type="text"/>	mcg/kg/min
Dobutamine: *	<input type="text"/>	mcg/kg/min
Dopamine: *	<input type="text"/>	mcg/kg/min

Vasopressors at 72 hours:**Levo (Norepinephrine - Levophed):*** YES NO UNK**Unit of measure:*** mcg/min mcg/kg/min**Dosage:***

mcg/min

Dosage:*

mcg/kg/min

Neo (Phenylephrine – Neosynephrine):* YES NO UNK**Unit of measure:*** mcg/min mcg/kg/min**Dosage:***

mcg/min

Dosage:*

mcg/kg/min

Vaso (Vasopressin – Pitressin) *

unit/min

Events Prior to Discharge:**Stroke: *** YES NO UNK**Dialysis: *** YES NO UNK**Ventilator Support: *** No Ventilator support for <= 48 hours Ventilator support for >48 hours but < 5 days Ventilator support >= 5 days Ventilator support, duration unknown Unknown Status**Reintubated: *** YES NO UNK**Permanent Pacemaker: *** YES NO UNK**Components of ISHLT primary graft dysfunction (PGD) grade****Intubated at 72 hours*** YES NO UNK**PaO2 at 72 Hours*** mm/Hg**ST=****FiO2 at 72 Hours*** %**ST=****ECMO at 72 hours*** YES NO UNK**Inhaled NO at 72 hours*** YES NO UNK**Airway 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**Immunosuppressive Information****Are any medications given currently for maintenance or anti-rejection:*** YES NO**Immunosuppressive Medications****View Immunosuppressive Medications****Definitions Of Immunosuppressive Medications**

For each of the immunosuppressive medications listed, select **Ind** (Induction), **Maint** (Maintenance) or **AR** (Anti-rejection) to indicate all medications that were prescribed for the recipient during the initial transplant hospitalization period, and for what reason. If a medication was not given, leave the associated box(es) blank.

Induction (Ind) immunosuppression includes all medications given for a short finite period in the perioperative period for the purpose of preventing acute rejection. Though the drugs may be continued after discharge for the first 30 days after transplant, it will not be used long-term for immunosuppressive maintenance. Induction agents are usually polyclonal, monoclonal, or IL-2 receptor antibodies (example: methylprednisolone, Campath, Thymoglobulin, or Simulect). Some of these drugs might be used for another finite period for rejection therapy and would be recorded as anti-rejection therapy if used for this reason. For each induction medication indicated, write the total number of days the drug was actually administered in the space provided. For example, if Simulect was given in 2 doses a week apart then the total number of days would be 2, even if the second dose was given after the patient was discharged.

Maintenance (Maint) includes all immunosuppressive medications given before, during or after transplant with the intention to maintain them long-term (example: prednisone, cyclosporine, tacrolimus, mycophenolate mofetil, azathioprine, or Rapamune). This does not include any immunosuppressive medications given to treat rejection episodes, or for induction.

Anti-rejection (AR) immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode during the initial post-transplant period or during a specific follow-up period, usually up to 30 days after the diagnosis of acute rejection (example: methylprednisolone, 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.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Ind, 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.**

Drug used for induction, acute rejection, or maintenance

	Ind.	Days	ST	Maint	AR
Steroids (prednisone, methylprednisolone, Solumedrol, Medrol)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drugs used for induction or acute rejection

	Ind.	Days	ST	Maint	AR
Atgam	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campath (alemtuzumab)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytosan (cyclophosphamide)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rituxan (rituximab)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simulect (basiliximab)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thymoglobulin	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drugs primarily used for maintenance

	Ind.	Days	ST	Maint	AR
Cyclosporine, select from the following:					
- Gengraf	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Neoral	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sandimmune	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic cyclosporine	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imuran (azathioprine, AZA)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leflunomide (LFL)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mycophenolic acid, select from the following:					
- CellCept (MMF)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic MMF (generic CellCept)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Myfortic (mycophenolic acid)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic Myfortic (generic mycophenolic acid)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mTOR inhibitors, select from the following:					
- Rapamune (sirolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic sirolimus	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Zortress (everolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nulojix (belatacept)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tacrolimus, select from the following:					
- Astagraf XL (extended release tacrolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Envarsus XR (tacrolimus XR)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Prograf (tacrolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic tacrolimus (generic Prograf)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other drugs

	Ind.	Days	ST	Maint	AR
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Other immunosuppressive medication, specify:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other immunosuppressive medication, specify:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>