

Adult Heart Transplant Candidate 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.

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:	Birth sex: *	<input type="radio"/> Male <input type="radio"/> Female						
HIC:	DOB: *	<input type="text"/>						
State of Permanent Residence: *								
<input type="text"/>								
Permanent ZIP Code: *								
<input type="text"/> - <input type="text"/>								
Ethnicity: *								
<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Ethnicity not reported								
Race: *								
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> American Indian or Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleutian <input type="checkbox"/> Alaska Indian <input type="checkbox"/> American Indian or Alaska Native: Other origin <input type="checkbox"/> American Indian or Alaska Native: Origin not reported </td> <td style="width: 33%; vertical-align: top;"> Asian <input type="checkbox"/> Asian Indian/Indian Sub-Continent <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian: Other origin <input type="checkbox"/> Asian: Origin not reported </td> <td style="width: 33%; vertical-align: top;"> Black or African American <input type="checkbox"/> African American <input type="checkbox"/> African (Continental) <input type="checkbox"/> West Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Black or African American: Other origin <input type="checkbox"/> Black or African American: Origin not reported </td> </tr> <tr> <td style="vertical-align: top;"> White <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other origin <input type="checkbox"/> White: Origin not reported </td> <td style="vertical-align: top;"> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Origin not reported </td> <td style="vertical-align: top;"> Other <input type="checkbox"/> Race not reported </td> </tr> </table>			American Indian or Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleutian <input type="checkbox"/> Alaska Indian <input type="checkbox"/> American Indian or Alaska Native: Other origin <input type="checkbox"/> American Indian or Alaska Native: Origin not reported	Asian <input type="checkbox"/> Asian Indian/Indian Sub-Continent <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian: Other origin <input type="checkbox"/> Asian: Origin not reported	Black or African American <input type="checkbox"/> African American <input type="checkbox"/> African (Continental) <input type="checkbox"/> West Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Black or African American: Other origin <input type="checkbox"/> Black or African American: Origin not reported	White <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other origin <input type="checkbox"/> White: Origin not reported	Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Origin not reported	Other <input type="checkbox"/> Race not reported
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Citizenship: *								
<input type="radio"/> US Citizen <input type="radio"/> Non-US Citizen/US Resident <input type="radio"/> Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant <input type="radio"/> Non-US Citizen/Non-US Resident, Traveled to US for Transplant								
Country of Permanent Residence:	<input type="text"/>							
Year of Entry to the U.S.	<input type="text"/>	ST= <input type="text"/>						
Highest Education Level: *								
<input type="radio"/> NONE <input type="radio"/> GRADE SCHOOL (0-8) <input type="radio"/> HIGH SCHOOL (9-12) or GED <input type="radio"/> ATTENDED COLLEGE/TECHNICAL SCHOOL <input type="radio"/> ASSOCIATE/BACHELOR DEGREE <input type="radio"/> POST-COLLEGE GRADUATE DEGREE <input type="radio"/> N/A (< 5 YRS OLD) <input type="radio"/> UNKNOWN								

Patient on Life Support: * YES NO

Extra Corporeal Membrane Oxygenation
 Intra Aortic Balloon Pump
 Prostaglandins
 Intravenous Inotropes
 Inhaled NO
 Ventilator
 Other Mechanism, Specify

Specify:

Patient on Ventricular Assist Device: * NONE
 LVAD
 RVAD
 TAH
 LVAD+RVAD

VAD Brand1:
Specify:
VAD Brand2:
Specify:

Functional Status: *

Working for income: * YES NO UNK

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.

Source of Payment:

Primary: *
Specify:

Clinical Information: AT LISTING

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

Weight: * lbs kg **ST=**

BMI: kg/m²

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

Symptomatic Cerebrovascular Disease: * YES NO UNK

Any previous Malignancy: * YES NO

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=

Heart Medical Factors:

Implantable Defibrillator: *

- 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

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

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: