

Adult Heart/Lung 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: <input style="width: 100%;" type="text"/>		
Candidate Information		
Organ Registered:	Date of Listing or Add: <input style="width: 100%;" type="text"/>	
Last Name: * <input style="width: 150px;" type="text"/>	First Name: * <input style="width: 150px;" type="text"/>	MI: <input style="width: 150px;" type="text"/>
Previous Surname: <input style="width: 150px;" type="text"/>		
SSN: <input style="width: 150px;" type="text"/>	Birth sex: * <input type="radio"/> Male <input type="radio"/> Female	
HIC: <input style="width: 150px;" type="text"/>	DOB: * <input style="width: 150px;" type="text"/>	
State of Permanent Residence: * <input style="width: 150px;" type="text"/>		
Permanent ZIP Code: * <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>		
Ethnicity: * <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Ethnicity not reported		
Race: *		
<p>American Indian or Alaska Native</p> <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 <p>Black or African American</p> <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 <p>White</p> <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	<p>Asian</p> <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 <p>Native Hawaiian or Other Pacific Islander</p> <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 <p>Other</p> <input type="checkbox"/> Race not reported	
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 style="width: 150px;" type="text"/>		
Year of Entry to the U.S. <input style="width: 150px;" type="text"/> ST= <input type="checkbox"/>		
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
- Prostacyclin Infusion
- Prostacyclin Inhalation
- 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

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:

Heart Medical Factors

Implantable Defibrillator: * YES NO UNK

Exercise Oxygen Consumption: * ml/min/kg ST=

Lung Medical Factors

Pulmonary Status:
Pan-Resistant Bacterial Lung Infection: * YES NO UNK

Heart/Lung Medical Factors:

Most Recent Hemodynamics:		Inotropes/Vasodilators:	
PA (sys) mm/Hg: *	<input type="text"/>	ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
PA (dia) mm/Hg: *	<input type="text"/>	ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
PA (mean) mm/Hg: *	<input type="text"/>	ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
PCW (mean) mm/Hg: *	<input type="text"/>	ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
CO L/min: *	<input type="text"/>	ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> 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: