

Adult 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: | |
| Last Name:* <input style="width: 100%;" type="text"/> | First Name:* <input style="width: 100%;" type="text"/> | MI: <input style="width: 100%;" type="text"/> |
| Previous Surname: <input style="width: 100%;" type="text"/> | | |
| SSN: <input style="width: 100%;" type="text"/> | Birth sex:* <input type="radio"/> Male <input type="radio"/> Female | |
| HIC: <input style="width: 100%;" type="text"/> | DOB:* <input style="width: 100%;" type="text"/> | |
| State of Permanent Residence:* <input style="width: 100%;" type="text"/> | | |
| Permanent ZIP Code:* <input style="width: 100%;" type="text"/> - <input style="width: 100%;" type="text"/> | | |
| Ethnicity:* <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Ethnicity not reported | | |
| Race:* | | |
| 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 | | |
| 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: 100%;" type="text"/> | | |
| Year of Entry to the U.S. <input style="width: 100%;" type="text"/> | ST= <input style="width: 100%;" 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
 Prostacyclin Infusion
 Prostacyclin Inhalation
 Inhaled NO
 Ventilator
 Other Mechanism, Specify

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:

Lung Medical Factors

Pulmonary Status:

Pan-Resistant Bacterial Lung Infection: * YES NO UNK

Heart/Lung Medical Factors:

Most Recent Hemodynamics:

PA (sys) mm/Hg:*

ST=

Inotropes/Vasodilators:

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: