Adult Thoracic Transplant Recipient Follow-Up Worksheet

Note: These worksheets are provided to function as a guide to what data will be required in the online $TIEDI^{\textcircled{@}}$ 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 $TIEDI^{\textcircled{@}}$ 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:	Gender:
HIC:	Tx Date:
Previous Follow-Up:	Previous Px Stat Date:
Transplant Discharge Date:	
State of Permanent Residence: *	
Zip Code: *	
Provider Information Recipient Center:	
Followup Center:	
Physician Name:*	
NPI#:*	
Follow-up Care Provided By: *	Transplant Center
	Non Transplant Center Specialty Physician
	Primary Care Physician
	Other Specify
Specify:	
Dancy Information	
Donor Information UNOS Donor ID #:	
Recovering OPO:	
Donor Type:	
Patient Status Date: Last Seen, Retransplanted or Death*	
Patient Status: *	CLIVING
	ODEAD
	CRETRANSPLANTED
	ONOT SEEN
Primary Cause of Death:	
Specify:	
эреспу.	
Contributory Cause of Death:	
Specify:	
Contributory Cause of Death	
Contributory Cause of Death:	
Specify:	
Has the patient been hospitalized since the last patient status date: *	YES NO UNK
Hospitalized for Rejection:	YES NO UNK
Hospitalized for Infection:	OVES ONO CHINIK
Hospitalized for Hillection.	YES ONO OUNK
Functional Status: *	
Working for income:*	YES NO UNK
	- 125 - 110 - OHN

If death is indicated for the recipient, and the death was a result of some of Date of Graft Failure: Primary Cause of Graft Failure: Prin Oth Other, Specify: Graft Function: Heart: Ejection Fraction:* Pacemaker:* YES	interioring Failed Interfactor unrelated to the factor unrelated to the facto	n therosclerosis
Graft Status:* If death is indicated for the recipient, and the death was a result of some of Date of Graft Failure: Primary Cause of Graft Failure: Primary Cause of Graft Failure: Other, Specify: Graft Function: Heart: Ejection Fraction:* Pacemaker:* Coronary Artery Disease:* YES Lung: Date Test Performed:* FEV1: FVC:	mary Non-Function ute Rejection ronic Rejection/Ath her, Specify %	n therosclerosis
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Date Test Performed: * FEV1: FVC:		
Date Test Performed: * FEV1: FVC:		
FVC:		ST=
FVC:		
	L	ST=
FEF25-75:	L	ST=
	L/se	sec ST=
Date Test Performed: *		GT
Date Test Performed: ^		ST=
FEV1:	L	ST=
FVC:	L	ST=
FEF25-75:	L/se	sec ST=
		_
Date Test Performed: *		ST=
FEV1:	L	ST=
FVC:	L	ST=
FEF25-75:	L/se	
Current supplemental O2 requirements at rest and/or OYES at exercise: *	ONO	
At rest:		
		
Fio2:	%	ST=
DT .		_
Flow:	L/m	min ST=
With excercise:		
		
Fio2:	%	ST=
or		
Flow:	L/m	min ST=
Post Transplant Events:		

New diabetes onset between last follow-up to the current follow-up:*	CYES ONO CUNK
If yes, insulin dependent:	○YES ○NO ○UNK
Most Recent Serum Creatinine:*	mg/dl ST=
Chronic Dialysis:*	YES ONO OUNK
Renal Tx since Thoracic Tx: *	YES ONO OUNK
Did patient have any acute rejection episodes during the	Yes, at least one episode treated with anti-rejection agent
follow-up period:*	Yes, none treated with additional anti-rejection agent
	ONo
	Unknown
Viral Detection:	
HIV Serology	Positive
	Negative
	OUKN/Cannot Disclose
	Not Done
HIV NAT	Positive
	Negative
	OUKN/Cannot Disclose
	Not Done
HbsAg	Positive
	Negative
	OUKN/Cannot Disclose
	ONOT Done
HBV DNA	Positive
	Negative
	OUKN/Cannot Disclose
	Not Done
HBV Core Antibody	Positive
	Negative
	OUKN/Cannot Disclose
	Not Done
HCV Serology	Positive
	Negative
	OUKN/Cannot Disclose
	Not Done
HCV NAT	Positive
	Negative
	OUKN/Cannot Disclose
	Not Done
Post Transplant Malignancy: *	YES NO UNK

De Novo Sald Tumor: Novo Sald Tumor	Donor Related:	YES NO UNK		
De Nove Lymphoproliferative disease and Lymphoms: Timmunosuppressive Information	Recurrence of Pre-Tx Tumor:	YES NO UNK		
Immunosuppressive Information Previous Validated Maintenance Follow-Up Medications: Previous Validated Maintenance Follow-Up Medications: Were any medications given during the follow-up period for maintenance: Were any medications given during the follow-up period for maintenance: Immunosuppressive Medications View Immunosuppressive Medications Definitions Of Immunosuppressive Rollow-Up Medications For each of the immunosuppressive Medications Definitions Of Immunosuppressive Medications View Immunosuppressive Medications Definitions Of Immunosuppressive Medications Definitions Of Immunosuppressive Medications Previous Maintenance (Prev Maint) includes all immunosuppressive medications given at the Immunosuppressive medication given at the Immunosuppressive medications given at the Immunosuppressive medications given at the United To the Immunosuppressive medications given at the Immunosuppressive medication elucides and Immunosuppressive medications given to the Immunosuppressive medication elucides and Immunosuppressive medications given to the Immunosuppressive medication elucides and Immunosuppressive medications given to the Immunosuppressive medication elucides and Immunosuppressive medications given to the Immunosuppressive medication elucides and Immunosuppressive medications given	De Novo Solid Tumor:	YES NO UNK		
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Atgam	methylprednisolone, Solumedrol,			
Atgam				
Campath (alemtuzumab) Cytoxan (cyclophosphamide) Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex) Rituxan (rituximab) Simulect (basiliximab) Thymoglobulin	Drugs used for induction or acute rejection	Prev Maint	Curr Maint	AR
Cytoxan (cyclophosphamide) Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex) Rituxan (rituximab) Simulect (basiliximab) Thymoglobulin Prev Maint Curr Maint AR Cyclosporine, select from the following: - Gengraf - Neoral - Sandimmune - Generic cyclosporine Imuran (azathioprine, AZA) Leffunomide (LFL)	Atgam			
Methotraste (Folex PFS, Mexate-AQ, Rheumatrex) Rituxan (rituximab) Simulect (basiliximab) Thymoglobulin	Campath (alemtuzumab)			
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Rituxan (rituximab)				
Simulect (basiliximab) Thymoglobulin Prev Maint Curr Maint AR Cyclosporine, select from the following: - Gengraf - Neoral - Sandimmune - Generic cyclosporine Imuran (azathioprine, AZA) Leflunomide (LFL)				
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Prev Maint Curr Maint AR Cyclosporine, select from the following: - Gengraf - Neoral - Sandimmune - Generic cyclosporine Imuran (azathioprine, AZA) Leflunomide (LFL)				
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- Gengraf		rev Flame	Curi Fiant	AK
- Neoral				
- Sandimmune		Π		_
- Generic cyclosporine				
Imuran (azathioprine, AZA)				
Leflunomide (LFL)				

- Generic MMF (generic				
- Generic MMF (generic CellCept)				
- Myfortic (mycophenolic acid)				
- Generic Myfortic (generic mycophenolic acid)				
mTOR inhibitors, select from the followin	g:			
- Rapamune (sirolimus)				
- Generic sirolimus				
- Zortress (everolimus)				
Nulojix (belatacept)				
Tacrolimus, select from the following:				
- Astagraf XL (extended release tacrolimus)				
- Envarsus XR (tacrolimus XR)				
- Prograf (tacrolimus)				
- Generic tacrolimus (generic Prograf)				
Other drugs	Prev Maint	Curr Maint	AR	
Other immunosuppressive				
medication, specify:			_	
Other immunosuppressive medication, specify:				

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