

**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.

<b>Provider Information</b>								
Recipient Center: <input style="width: 100%;" type="text"/>								
<b>Candidate Information</b>								
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: 100px;" type="text"/>	MI: <input style="width: 100px;" type="text"/>						
Previous Surname: <input style="width: 150px;" type="text"/>								
SSN: <input style="width: 100px;" type="text"/>	Birth sex: * <input type="radio"/> Male <input type="radio"/> Female							
HIC: <input style="width: 100px;" type="text"/>	DOB: * <input style="width: 100px;" type="text"/>							
State of Permanent Residence: * <input style="width: 100px;" 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: *								
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>American Indian or Alaska Native</b>  <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;"> <b>Asian</b>  <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;"> <b>Black or African American</b>  <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;"> <b>White</b>  <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;"> <b>Native Hawaiian or Other Pacific Islander</b>  <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;"> <b>Other</b>  <input type="checkbox"/> Race not reported             </td> </tr> </table>			<b>American Indian or Alaska Native</b> <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	<b>Asian</b> <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	<b>Black or African American</b> <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	<b>White</b> <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	<b>Native Hawaiian or Other Pacific Islander</b> <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	<b>Other</b> <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 style="width: 100px;" type="text"/>								
Year of Entry to the U.S. <input style="width: 100px;" 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:

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**Patient on Ventricular Assist Device:** \*

NONE  
 LVAD  
 RVAD  
 TAH  
 LVAD+RVAD

VAD Brand1:

Specify:

VAD Brand2:

Specify:

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**Functional Status:** \*

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**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.*

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**Source of Payment:**

**Primary:** \*

Specify:

**Clinical Information: AT LISTING**

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

**Weight:** \*  lbs  kg **ST=**

**BMI:**  kg/m<sup>2</sup>

**ABO Blood Group:**

**Primary Diagnosis:** \*

Specify:

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**General Medical Factors:**

**Diabetes:** \*

No  
 Type I  
 Type II  
 Type Other  
 Type Unknown  
 Diabetes Status Unknown

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**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:

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: