

## Pediatric 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<sup>®</sup> 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<sup>®</sup> 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>								
<b>Organ Registered:</b>	<b>Date of Listing or Add:</b>							
<b>Last Name:*</b>	<b>First Name:*</b>	<b>MI:</b>						
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>						
<b>Previous Surname:</b>								
<input style="width: 100%;" type="text"/>								
<b>SSN:</b>	<b>Birth sex:*</b>	<input type="radio"/> Male <input type="radio"/> Female						
<b>HIC:</b>	<b>DOB:</b>	<input style="width: 100%;" type="text"/>						
<b>State of Permanent Residence:*</b>								
<input style="width: 100%;" type="text"/>								
<b>Permanent ZIP Code:*</b>								
<input style="width: 100%;" type="text"/> - <input style="width: 100%;" type="text"/>								
<b>Ethnicity:*</b>								
<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Ethnicity not reported								
<b>Race:*</b>								
<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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<b>Citizenship:*</b>								
<input type="radio"/> <b>US Citizen</b> <input type="radio"/> <b>Non-US Citizen/US Resident</b> <input type="radio"/> <b>Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant</b> <input type="radio"/> <b>Non-US Citizen/Non-US Resident, Traveled to US for Transplant</b>								
<b>Country of Permanent Residence:</b>								
<input style="width: 100%;" type="text"/>								
<b>Year of Entry to the U.S.</b>								
<input style="width: 100%;" type="text"/>								
<b>ST=</b> <input type="checkbox"/>								
<b>Highest Education Level:*</b>								
<input type="radio"/> <b>NONE</b> <input type="radio"/> <b>GRADE SCHOOL (0-8)</b> <input type="radio"/> <b>HIGH SCHOOL (9-12) or GED</b> <input type="radio"/> <b>ATTENDED COLLEGE/TECHNICAL SCHOOL</b> <input type="radio"/> <b>ASSOCIATE/BACHELOR DEGREE</b> <input type="radio"/> <b>POST-COLLEGE GRADUATE DEGREE</b> <input type="radio"/> <b>N/A (&lt; 5 YRS OLD)</b> <input type="radio"/> <b>UNKNOWN</b>								

**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:** \*

**Cognitive Development:** \*

- Definite Cognitive delay/impairment
- Probable Cognitive delay/impairment
- Questionable Cognitive delay/impairment
- No Cognitive delay/impairment
- Not Assessed

**Motor Development:** \*

- Definite Motor delay/impairment
- Probable Motor delay/impairment
- Questionable Motor delay/impairment
- No Motor delay/impairment
- Not Assessed

**Academic Progress:** \*

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable, too young for school/ High School graduate or GED
- Status Unknown

**Academic Activity Level:** \*

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Unable to participate regularly due to dialysis
- Not Applicable, too young for school/ High School graduate or GED
- Status Unknown

**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 Measurement Date:**

**Height:** \*

 ft.  in. cm

ST=

**Weight Measurement Date:**

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

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

**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=**

**Total Serum Albumin:** \*  g/dl **ST=**

**Heart Medical Factors:**

**Sudden Death:** \*  YES  NO  UNK

**Implantable Defibrillator:** \*  YES  NO  UNK

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

**Most Recent Hemodynamics:**

<b>PA (sys) mm/Hg:</b> *	<input type="text"/>	<b>ST=</b> <input type="text"/>	<b>Inotropes/Vasodilators:</b> <input type="radio"/> YES <input type="radio"/> NO
<b>PA (dia) mm/Hg:</b> *	<input type="text"/>	<b>ST=</b> <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<b>PA (mean) mm/Hg:</b> *	<input type="text"/>	<b>ST=</b> <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<b>PCW (mean) mm/Hg:</b> *	<input type="text"/>	<b>ST=</b> <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<b>CO L/min:</b> *	<input type="text"/>	<b>ST=</b> <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 Thoracic Surgery other than prior transplant:**\*

- YES  NO  UNK

If yes, number of prior sternotomies:

- Unknown if there were prior sternotomies
- 0
- 1
- 2
- 3
- 4
- 5+
- Unknown number of prior sternotomies

If yes, number of prior thoracotomies:

- Unknown if there were prior thoracotomies
- 0
- 1
- 2
- 3
- 4
- 5+
- Unknown number of prior thoracotomies

**Prior congenital cardiac surgery:**

- YES  NO  UNK

If yes, palliative surgery:

- YES  NO  UNK

If yes, corrective surgery:

- YES  NO  UNK

If yes, single ventricular physiology:

- YES  NO  UNK