

Adult Lung Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2023

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:*	First Name:*	MI:									
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>									
Previous Surname:											
<input style="width: 100%;" type="text"/>											
SSN:	Gender:*	<input type="radio"/> Male <input type="radio"/> Female									
HIC:	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/Race:*											
(select all origins that apply)											
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> 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 <input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown </td> <td style="width: 33%; vertical-align: top;"> 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 <input type="checkbox"/> Asian: Not Specified/Unknown </td> <td style="width: 33%; vertical-align: top;"> Hispanic/Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican (Mainland) <input type="checkbox"/> Puerto Rican (Island) <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic/Latino: Other <input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown </td> </tr> <tr> <td style="vertical-align: top;"> 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 <input type="checkbox"/> Black or African American: Not Specified/Unknown </td> <td style="vertical-align: top;"> 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 <input type="checkbox"/> White: Not Specified/Unknown </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> 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 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown </td> <td></td> <td></td> </tr> </table>			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 <input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	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 <input type="checkbox"/> Asian: Not Specified/Unknown	Hispanic/Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican (Mainland) <input type="checkbox"/> Puerto Rican (Island) <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic/Latino: Other <input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown	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 <input type="checkbox"/> Black or African American: Not Specified/Unknown	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 <input type="checkbox"/> White: Not Specified/Unknown		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 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown		
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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: 100%;" type="text"/>										
Year of Entry to the U.S.	<input style="width: 100%;" type="text"/>	ST= <input style="width: 50px;" 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:*											
<input type="radio"/> YES <input type="radio"/> 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: **Inotropes/Vasodilators:**

PA (sys) mm/Hg:*	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO
PA (dia) mm/Hg:*	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO
PA (mean) mm/Hg:*	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO
PCW (mean) mm/Hg:*	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO
CO L/min:*	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO
History of Cigarette Use:*			
	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> 0-2 months <input type="radio"/> 3-12 months <input type="radio"/> 13-24 months <input type="radio"/> 25-36 months <input type="radio"/> 37-48 months <input type="radio"/> 49-60 months <input type="radio"/> >60 months <input type="radio"/> Continues To Smoke <input type="radio"/> Unknown duration		
Prior Cardiac Surgery (non-transplant): *			
	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK <input type="checkbox"/> CABG <input type="checkbox"/> Valve Replacement/Repair <input type="checkbox"/> Congenital <input type="checkbox"/> Left Ventricular Remodeling <input type="checkbox"/> Other, specify		
Duration of Abstinence:			
If yes, check all that apply:			
Specify:	<input type="text"/>		