

## Adult Thoracic - Heart/Lung Transplant Recipient 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.

### Recipient Information

<b>Name:</b>	<input type="text"/>	<b>DOB:</b>	<input type="text"/>
<b>SSN:</b>	<input type="text"/>	<b>Gender:</b>	<input type="text"/>
<b>HIC:</b>	<input type="text"/>	<b>Tx Date:</b>	<input type="text"/>
<b>State of Permanent Residence: *</b>	<input type="text"/>		
<b>Permanent Zip: *</b>	<input type="text"/> - <input type="text"/>		

### Provider Information

<b>Recipient Center:</b>	<input type="text"/>
<b>Physician Name: *</b>	<input type="text"/>
<b>Physician NPI#: *</b>	<input type="text"/>
<b>Surgeon Name: *</b>	<input type="text"/>
<b>Surgeon NPI#: *</b>	<input type="text"/>

### Donor Information

<b>UNOS Donor ID #:</b>	<input type="text"/>
<b>Recovering OPO:</b>	<input type="text"/>
<b>Donor Type:</b>	<input type="text"/>

### Patient Status

<b>Primary Diagnosis: *</b>	<input type="text"/>
Specify:	<input type="text"/>
<b>Date: Last Seen, Retransplanted or Death *</b>	<input type="text"/>
<b>Patient Status: *</b>	<input type="radio"/> LIVING <input type="radio"/> DEAD <input type="radio"/> RETRANSPLANTED
<b>Primary Cause of Death:</b>	<input type="text"/>
Specify:	<input type="text"/>
<b>Contributory Cause of Death:</b>	<input type="text"/>
Specify:	<input type="text"/>
<b>Contributory Cause of Death:</b>	<input type="text"/>
Specify:	<input type="text"/>
<b>Transplant Hospitalization:</b>	
<b>Date of Admission to Tx Center: *</b>	<input type="text"/>
<b>Date of Discharge from Tx Center:</b>	<input type="text"/>

### Clinical Information : PRETRANSPLANT

<b>Medical Condition at time of transplant: *</b>	<input type="radio"/> IN INTENSIVE CARE UNIT <input type="radio"/> HOSPITALIZED NOT IN ICU <input type="radio"/> NOT HOSPITALIZED
<b>Patient on Life Support: *</b>	<input type="radio"/> YES <input type="radio"/> NO

Candidate Name:    DOB:

Specify:	<input type="checkbox"/> Intra Aortic Balloon Pump <input type="checkbox"/> Prostacyclin Infusion <input type="checkbox"/> Prostacyclin Inhalation <input type="checkbox"/> Inhaled NO <input type="checkbox"/> Ventilator <input type="checkbox"/> Other Mechanism <input type="text"/>	
<b>Patient on Ventricular Assist Device *</b>	<input type="radio"/> NONE <input type="radio"/> LVAD <input type="radio"/> RVAD <input type="radio"/> TAH <input type="radio"/> LVAD+RVAD	
Life Support: VAD Brand1	<input type="text"/>	
Specify:	<input type="text"/>	
Life Support: VAD Brand2	<input type="text"/>	
Specify:	<input type="text"/>	
<b>Functional Status: *</b>	<input type="text"/>	
<b>Working for income: *</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
<b>Source of Payment:</b>		
<b>Primary: *</b>	<input type="text"/>	
Specify:	<input type="text"/>	
<b>Height: *</b>	<input type="text"/> ft. <input type="text"/> in. <input type="text"/> cm <b>ST=</b> <input type="text"/>	
<b>Weight: *</b>	<input type="text"/> lbs <input type="text"/> kg <b>ST=</b> <input type="text"/>	
<b>BMI:</b>	kg/m <sup>2</sup>	
<b>Previous Transplants:</b>		
<b>Previous Transplant Organ</b>	<b>Previous Transplant Date</b>	<b>Previous Transplant Graft Fail Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>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.</i>		
<b>Viral Detection:</b>		
HIV Serostatus: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/ Cannot Disclose	
CMV Status *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/ Cannot Disclose	
HBV Surface Antibody Total *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/ Cannot Disclose	
HBV Core Antibody: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/ Cannot Disclose	
HBV Surface Antigen: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/ Cannot Disclose	

HCV Serostatus: *	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
	<input type="radio"/> Positive
EBV Serostatus: *	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
<b>NAT Results:</b>	
	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
HIV NAT: *	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
HBV NAT: *	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
HCV NAT: *	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose

<b>Most Recent Hemodynamics:</b>			<b>Inotropes/Vasodilators:</b>
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

<b>Most Recent Serum Creatinine: *</b>	<input type="text"/> mg/dl	ST= <input type="checkbox"/>
<b>Most Recent Total Bilirubin: *</b>	<input type="text"/> mg/dl	ST= <input type="checkbox"/>
<b>Chronic Steroid Use: *</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
<b>Pulmonary Status (Give most recent value):</b>		
<b>FVC: *</b>	<input type="text"/> %predicted:	ST= <input type="checkbox"/>
<b>FeV1: *</b>	<input type="text"/> %predicted:	ST= <input type="checkbox"/>
<b>pCO2: *</b>	<input type="text"/> mm/Hg:	ST= <input type="checkbox"/>

<b>Events occurring between listing and transplant:</b>	
<b>Transfusions: *</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>Infection Requiring IV Therapy within 2 wks prior to Tx: *</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>Dialysis: *</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>Prior Cardiac Surgery (non-transplant): *</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

<p>If yes, check all that apply:</p> <p>Specify:</p> <p><b>Prior Lung Surgery (non-transplant):*</b></p> <p>If yes, check all that apply:</p> <p>Specify:</p> <p><b>Episode of Ventilatory Support: *</b></p> <p>If yes, indicate most recent timeframe:</p> <p><b>Tracheostomy: *</b></p>	<p><input type="checkbox"/> Valve Replacement/Repair</p> <p><input type="checkbox"/> Congenital</p> <p><input type="checkbox"/> Left Ventricular Remodeling</p> <p><input type="checkbox"/> Other, specify</p> <p><input type="text"/></p> <p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK</p> <p><input type="checkbox"/> Pneumoreduction</p> <p><input type="checkbox"/> Pneumothorax Surgery-Nodule</p> <p><input type="checkbox"/> Pneumothorax Decortication</p> <p><input type="checkbox"/> Lobectomy</p> <p><input type="checkbox"/> Pneumonectomy</p> <p><input type="checkbox"/> Left Thoracotomy</p> <p><input type="checkbox"/> Right Thoracotomy</p> <p><input type="checkbox"/> Other, specify</p> <p><input type="text"/></p> <p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK</p> <p><input type="radio"/> At time of transplant</p> <p><input type="radio"/> Within 3 months of transplant</p> <p><input type="radio"/> &gt;3 months prior to transplant</p> <p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK</p>
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Clinical Information : TRANSPLANT PROCEDURE	
<b>Multiple Organ Recipient</b>	
<b>Were extra vessels used in the transplant procedure:</b>	
<b>Procedure Type:</b>	<input type="radio"/> Heart <input type="radio"/> Heart Lung
<b>Total Organ Preservation Time From Cross Clamp to In Situ Reperfusion (include warm and cold time):</b>	
<b>Heart, Heart-Lung:</b>	<input type="text"/> min <b>ST=</b> <input type="text"/>
<b>Lung(s) perfused prior to transplant?</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Recovery Site (donor hospital) <input type="radio"/> OPO
<b>Perfusion occurred at:</b>	<input type="radio"/> Transplant hospital - transplant site <input type="radio"/> Transplant hospital - not transplant site <input type="radio"/> External perfusion center <input type="radio"/> OPO
<b>Perfusion performed by:</b>	<input type="radio"/> Transplant Program <input type="radio"/> External perfusion center
<b>Total time on perfusion:</b>	<input type="text"/> min <b>ST=</b> <input type="text"/>
<b>Left lung received at transplant center:</b>	<input type="radio"/> Received at center on ice <input type="radio"/> Received at center on pump, stayed on pump <input type="radio"/> Received at center on pump, put on ice <input type="radio"/> Received at center on ice
<b>Right lung received at transplant center:</b>	<input type="radio"/> Received at center on pump, stayed on pump <input type="radio"/> Received at center on pump, put on ice

Clinical Information : POST TRANSPLANT
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If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.

**Date of Graft Failure:**

**Primary Cause of Graft Failure:**

Primary Non-Function

Acute Rejection

Chronic Rejection/Atherosclerosis

Other, Specify

Specify:

**Events Prior to Discharge:**

**Stroke: \***  YES  NO  UNK

**Dialysis: \***  YES  NO  UNK

**Ventilator Support: \***

No

Ventilator support for <= 48 hours

Ventilator support for >48 hours but < 5 days

Ventilator support >= 5 days

Ventilator support, duration unknown

Unknown Status

**Reintubated: \***  YES  NO  UNK

**Permanent Pacemaker: \***  YES  NO  UNK

**Components of ISHLT primary graft dysfunction (PGD) grade**

**Intubated at 72 hours \***  YES  NO  UNK

**PaO2 at 72 Hours \***  mm/Hg      **ST=**

**FiO2 at 72 Hours \***  %      **ST=**

**ECMO at 72 hours \***  YES  NO  UNK

**Inhaled NO at 72 hours \***  YES  NO  UNK

**Airway Dehiscence: \***  YES  NO  UNK

Yes, at least one episode treated with anti-rejection agent

**Did patient have any acute rejection episodes between transplant and discharge: \***  Yes, none treated with additional anti-rejection agent

No

**Immunosuppressive Information**

**Are any medications given currently for maintenance or anti-rejection: \***  YES  NO

**Immunosuppressive Medications**

**View Immunosuppressive Medications**

**Definitions Of Immunosuppressive Medications**

For each of the immunosuppressive medications listed, select **Ind** (Induction), **Maint** (Maintenance) or **AR** (Anti-rejection) to indicate all medications that were prescribed for the recipient during the initial transplant hospitalization period, and for what reason. If a medication was not given, leave the associated box(es) blank.

**Induction (Ind)** immunosuppression includes all medications given for a short finite period in the perioperative period for the purpose of preventing acute rejection. Though the drugs may be continued after discharge for the first 30 days after transplant, it will not be used long-term for immunosuppressive maintenance. Induction agents are usually polyclonal, monoclonal, or IL-2 receptor antibodies (example: methylprednisolone, Campath, Thymoglobulin, or Simulect). Some of these drugs might be used for another finite period for rejection therapy and would be recorded as anti-rejection therapy if used for this reason. For each induction medication indicated, write the total number of days the drug was actually administered in the space provided. For example, if Simulect was given in 2 doses a week apart then the total number of days would be 2, even if the second dose was given after the patient was discharged.

**Maintenance (Maint)** includes all immunosuppressive medications given before, during or after transplant with the intention to maintain them long-term (example: prednisone, cyclosporine, tacrolimus, mycophenolate mofetil, azathioprine, or Rapamune). This does not include any immunosuppressive medications given to treat rejection episodes, or for induction.

**Anti-rejection (AR)** immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode during the initial post-transplant period or during a specific follow-up period, usually up to 30 days after the diagnosis of acute rejection (example: methylprednisolone, or Thymoglobulin). When switching maintenance drugs (example: from tacrolimus to cyclosporine; or from mycophenolate mofetil to azathioprine) because of rejection, the drugs should not be listed under AR immunosuppression, but should be listed under maintenance immunosuppression.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Ind, Maint, or AR next to Other Immunosuppressive Medication field, and enter the full name of the medication in the space provided. **Do not list non-immunosuppressive medications.**

**Drug used for induction, acute rejection, or maintenance**

	Ind.	Days	ST	Maint	AR
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Candidate Name:    DOB:

Drugs used for induction or acute rejection					
	Ind.	Days	ST	Maint	AR
Atgam	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campath (alemtuzumab)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytosan (cyclophosphamide)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rituxan (rituximab)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simulect (basiliximab)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thymoglobulin	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drugs primarily used for maintenance					
	Ind.	Days	ST	Maint	AR
<b>Cyclosporine, select from the following:</b>					
- Gengraf	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Neoral	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sandimmune	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic cyclosporine	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imuran (azathioprine, AZA)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leflunomide (LFL)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mycophenolic acid, select from the following:</b>					
- CellCept (MMF)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic MMF (generic CellCept)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Myfortic (mycophenolic acid)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic Myfortic (generic mycophenolic acid)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>mTOR inhibitors, select from the following:</b>					
- Rapamune (sirolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic sirolimus	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Zortress (everolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nulojix (belatacept)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tacrolimus, select from the following:</b>					
- Astagraf XL (extended release tacrolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Envarsus XR (tacrolimus XR)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Prograf (tacrolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic tacrolimus (generic Prograf)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other drugs					
	Ind.	Days	ST	Maint	AR
Other immunosuppressive medication, specify: <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other immunosuppressive medication, specify: <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>