

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® 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: <input style="width: 100%;" type="text"/>							
Last Name: * <input style="width: 150px;" type="text"/>	First Name: * <input style="width: 150px;" type="text"/>	MI: <input style="width: 100px;" type="text"/>						
Previous Surname: <input style="width: 150px;" type="text"/>								
SSN: <input style="width: 150px;" type="text"/>	Birth sex: * <input type="radio"/> Male <input type="radio"/> Female							
HIC: <input style="width: 150px;" type="text"/>	DOB: <input style="width: 150px;" type="text"/>							
State of Permanent Residence: * <input style="width: 150px;" 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;"> 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 origin <input type="checkbox"/> American Indian or Alaska Native: Origin not reported </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 origin <input type="checkbox"/> Asian: Origin not reported </td> <td style="width: 33%; 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 origin <input type="checkbox"/> Black or African American: Origin not reported </td> </tr> <tr> <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 origin <input type="checkbox"/> White: Origin not reported </td> <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 origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Origin not reported </td> <td style="vertical-align: top;"> Other <input type="checkbox"/> Race not reported </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 origin <input type="checkbox"/> American Indian or Alaska Native: Origin not reported	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 origin <input type="checkbox"/> Asian: Origin not reported	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 origin <input type="checkbox"/> Black or African American: Origin not reported	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 origin <input type="checkbox"/> White: Origin not reported	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 origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Origin not reported	Other <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: 150px;" type="text"/>								
Year of Entry to the U.S. <input style="width: 150px;" 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
 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=**

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Weight Measurement Date:	<input type="text"/>		
Weight: *	<input type="text"/> lbs	<input type="text"/> kg	ST= <input type="text"/>
BMI:	kg/m ²		
ABO Blood Group:			
Primary Diagnosis: *	<input type="text"/>		
Specify:	<input type="text"/>		
General Medical Factors:			
Diabetes: *	<input type="radio"/> No <input type="radio"/> Type I <input type="radio"/> Type II <input type="radio"/> Type Other <input type="radio"/> Type Unknown <input type="radio"/> Diabetes Status Unknown		
Dialysis: *	<input type="radio"/> No dialysis <input type="radio"/> Hemodialysis <input type="radio"/> Peritoneal Dialysis <input type="radio"/> Dialysis Status Unknown <input type="radio"/> Dialysis-Unknown Type was performed		
Symptomatic Cerebrovascular Disease: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK		
Any previous Malignancy: *	<input type="radio"/> YES <input type="radio"/> NO		
Specify Type:	<input type="checkbox"/> Skin Melanoma <input type="checkbox"/> Skin Non-Melanoma <input type="checkbox"/> CNS Tumor <input type="checkbox"/> Genitourinary <input type="checkbox"/> Breast <input type="checkbox"/> Thyroid <input type="checkbox"/> Tongue/Throat/Larynx <input type="checkbox"/> Lung <input type="checkbox"/> Leukemia/Lymphoma <input type="checkbox"/> Liver <input type="checkbox"/> Other, specify		
Specify:	<input type="text"/>		
Most Recent Serum Creatinine: *	<input type="text"/> mg/dl		ST= <input type="text"/>
Total Serum Albumin: *	<input type="text"/> g/dl		ST= <input type="text"/>

Heart Medical Factors:			
Sudden Death: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK		
Implantable Defibrillator: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK		
Exercise Oxygen Consumption: *	<input type="text"/> ml/min/kg		ST= <input type="text"/>
Most Recent Hemodynamics:		Inotropes/Vasodilators:	
PA (sys) mm/Hg: *	<input type="text"/>	ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
PA (dia) mm/Hg: *	<input type="text"/>	ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
PA (mean) mm/Hg: *	<input type="text"/>	ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
PCW (mean) mm/Hg: *	<input type="text"/>	ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
CO L/min: *	<input type="text"/>	ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
History of Cigarette Use: *	<input type="radio"/> YES <input type="radio"/> 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