Pediatric Thoracic - Lung Transplant Recipient 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.

Recipient Information		
Name:	DOB:	
SSN:	Birth sex:	
HIC:	Transplant Date and	
	Time:	
State of Permanent Residence: *		
Permanent Zip: *		
Provider Information		
Recipient Center:		
Physician Name: *		
Physician NPI#:*		
Surgeon Name: *		
Surgeon NPI#:*		
Donor Information		
UNOS Donor ID #:		
Recovering OPO:		
Donor Type:		
Patient Status		
Primary Diagnosis: *		
Specify:		
Date: Last Seen, Retransplanted or Death*		
Patient Status: *	CLIVING	
	DEAD	
	RETRANSPLANTED	
Primary Cause of Death:		
Specify:		
Contributory Cause of Death:		
Specify:		
Contributory Cause of Death:		
Specify:		
Transplant Hospitalization:		
Date of Admission to Tx Center: *		
Date of Discharge from Tx Center:		
Clinical Information : PRETRANSPLANT		
Medical Condition at time of transplant: *	OIN INTENSIVE CARE UNIT	
	HOSPITALIZED NOT IN ICU	
	ONOT HOSPITALIZED	
Patient on Life Supports		
Patient on Life Support: *	⊖yes ⊖no	

	Extra Corporeal Membrane Oxygenation	
	Intra Aortic Balloon Pump Prostacyclin Infusion	
	Prostacyclin Inhalation	
	Inhaled NO	
	Ventilator	
Crossife ::	☐ Other Mechanism	
Specify:		
Functional Status: *		
Cognitive Development: *	Operative delay/impairment	
	Probable Cognitive delay/impairment	
	Questionable Cognitive delay/impairment	
	ONO Cognitive delay/impairment	
	ONot 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	
	C 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	
Source of Payment:		
Primary: *		
Specify:		
Height Measurement Date:		
Height: *	ft in cm ST=	
Weight Measurement Date:		
Weight: *	lbs kg ST=	
BMI:	kg/m ²	
Previous Transplants:		
Previous Transplant Organ	Previous Transplant Date Previous Transplant Graft Fail Date	
	re. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by	
emailing unethelpdesk@unos.org.		
Viral Detection:		
HIV Serostatus: *	Positive	
	Negative	
	UNK/Cannot Disclose	

CMV Status* Positive Negative Not Done **UNK/Cannot Disclose** HBV Surface Antibody Total * Positive Negative Not Done **UNK/Cannot Disclose** HBV Core Antibody: * Positive Negative Not Done **UNK/Cannot Disclose** HBV Surface Antigen: * Positive Negative Not Done **UNK/Cannot Disclose** HCV Serostatus: * Positive Negative Not Done UNK/Cannot Disclose EBV Serostatus: * Positive Negative Not Done UNK/Cannot Disclose Vaccination Status: Did the recipient receive Hepatitis B vaccines prior to YES NO UNK transplant?: * Reason not vaccinated: Immunity Medical precaution Time constraints **Patient objection** Product out of stock Other, specify Specify: NAT Results: HIV NAT: * Positive Negative Not Done UNK/Cannot Disclose HBV NAT: * Positive Negative Not Done **UNK/Cannot Disclose** HCV NAT: * Positive Negative Not Done **UNK/Cannot Disclose**

Most Recent Hemodynamics:

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PA (sys)mm/Hg: *		ST=	YES NO	
PA(dia) mm/Hg:*		ST=	OYES ONO	
PA(mean) mm/Hg:*		ST=		
PCWP mm/Hg:*		ST=		
CO L/min: *		ST=	YES NO	
Most Recent Serum Creatinine:*	mg/dl	ST=		
Most Recent Total Bilirubin: *	mg/dl	ST=		
Chronic Steroid Use: *				
Pulmonary Status (Give most recent value): FVC:*	%predicte	ed: ST =		
FeV1:*	%predicte	ed: ST=		
pCO2:*	mm/Hg:	ST=		
Events occurring between listing and transplant: Transfusions: *			S	
Infection Requiring IV Therapy within 2 wks prior to Tx: \ast				
Dialysis: *			\sim \sim	
Episode of Ventilatory Support: *			$\langle 0 \rangle$	
If yes, indicate most recent timeframe:	At time of transplant			
	Within 3 months of transplar	ıt		
	>3 months prior to transplar	ıt		
Tracheostomy: *				
Drive Theorem is Courses with an Alexan axian terroral set				
Prior Thoracic Surgery other than prior transplant:*				
If yes, number of prior sternotomies:	Unknown if there were prior	sternotomies		
		sternotomies		
	Unknown if there were prior	sternotomies		
	Unknown if there were prior 0 1 2	sternotomies		
	Unknown if there were prior 0 1	sternotomies		
	Unknown if there were prior 0 1 2 3 4	sternotomies		
	Unknown if there were prior 0 1 2 3 4 5+			
If yes, number of prior sternotomies:	Unknown if there were prior 0 1 2 3 4 5+ Unknown number of prior sta	ernotomies		
	Unknown if there were prior 0 1 2 3 4 5+	ernotomies		
If yes, number of prior sternotomies:	Unknown if there were prior 0 1 2 3 4 5+ Unknown number of prior str	ernotomies		
If yes, number of prior sternotomies:	Unknown if there were prior 0 1 2 3 4 5+ Unknown number of prior str Unknown if there were prior 0	ernotomies		
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If yes, number of prior sternotomies: If yes, number of prior thoracotomies: Prior congenital cardiac surgery: If yes, palliative surgery: If yes, corrective surgery:	Unknown if there were prior 0 1 2 3 4 5+ Unknown number of prior str Unknown if there were prior 0 1 2 3 4 5+ Unknown number of prior th 7 5+ Unknown number of prior th 7 5+ Unknown number of prior th 7 1 2 3 4 5+	ernotomies thoracotomies		

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Most	Recent	Anti-B	Titer:	
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Sample Date:

Clinical Information : TRANSPLANT PROCE Multiple Organ Recipient	DURE
Were extra vessels used in the transplant procedure:	
Procedure Type:	
	BILATERAL SEQUENTIAL LUNG
	CEN-BLOC DOUBLE LUNG
	CLOBE, RIGHT
	OLOBE, LEFT
Total Organ Preservation Time From Cross Clamp to In Si	tu Reperfusion (include warm and cold time):
Left Lung:	min ST=
Right Lung (OR EN-BLOC):	min ST=
Lung(s) perfused prior to transplant?	
	CYES OND
Perfusion occurred at:	Recovery Site (donor hospital)
	Ооро
	Transplant hospital - transplant site
	Transplant hospital - not transplant site
	External perfusion center
Perfusion performed by:	Соро
	Transplant Program
	External perfusion center
Total time on perfusion:	min ST=
Left lung received at transplant center:	Received at center on ice
	Received at center on pump, stayed on pump
	Received at center on pump, put on ice
Right lung received at transplant center:	Received at center on ice
	Received at center on pump, stayed on pump
	Received at center on pump, put on ice
Organ Check-in	
Information:	
Left Lung Check- Date: Time:	Military time Time Zone: ST=
In Date and Time:	
Right Lung Date: Time: Check-In Date and Time:	Military time Time Zone: ST=
En Bloc Lungs Date: Time:	Military time Time Zone: ST=
Check-In Date and Time:	
Clinical Information : POST TRANSPLANT	
Graft Status: *	Grunctioning Failed
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:	OPrimary Non-Function	
	OAcute Rejection	
	Chronic Rejection/Atherosclerosis	
	Other, Specify	
Specify:		
PostTransplant Titer Information:		
Most Recent Anti-A Titer:	Sample Date:	
Most Recent Anti-B Titer:	Sample Date:	
Events Prior to Discharge:		
Stroke: *		
Dialysis: *		
Ventilator Support: *	ONo	
	Ventilator support for <= 48 hours	
	Ventilator support for >48 hours but < 5 days	
	Ventilator support >= 5 days	
	Ventilator support, duration unknown	
	Unknown Status	
Reintubated: *		
Permanent Pacemaker: *		
Components of ISHLT primary graft dysfunction (PGD) grade		
Intubated at 72 hours*		
PaO2 at 72 Hours *	mm/Hg ST=	
FiO2 at 72 Hours*	% ST=	
ECMO at 72 hours *		
Inhaled NO at 72 hours *		
Airway Dehiscence:		
Did patient have any acute rejection episodes between	Yes, at least one episode treated with anti-rejection agent	
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		
Definitions Of Immunosuppressive Medications		
For each of the immunosuppressive medications listed, select Tr	d (Induction), Maint (Maintenance) or AR (Anti-rejection) to indicate all medications that were	
prescribed for the recipient during the initial transplant hospitaliz	zation period, and for what reason. If a medication was not given, leave the associated box(es) blank.	
Though the drugs may be continued after discharge for the first Induction agents are usually polyclonal, monoclonal, or IL-2 rece drugs might be used for another finite period for rejection thera	given for a <u>short finite period</u> in the perioperative period for the purpose of preventing acute rejection. 30 days after transplant, it <u>will not</u> be used long-term for immunosuppressive maintenance. pytor antibodies (example: methylprednisolone, Campath, Thymoglobulin, or Simulect). Some of these py and would be recorded as anti-rejection therapy if used for this reason. For each induction <u>as actually administered</u> in the space provided. For example, if Simulect was given in 2 doses a week ond dose was given after the patient was discharged.	
	tions given before, during or after transplant with the intention to maintain them <u>long-term</u> (example: athioprine, or Rapamune). This does not include any immunosuppressive medications given to treat	
post-transplant period or during a specific follow-up period, usua	uppressive medications given for the purpose of treating an acute rejection episode during the initial ally up to 30 days after the diagnosis of acute rejection (example: methylprednisolone, or from tacrolimus to cyclosporine; or from mycophenolate mofetil to azathioprine) because of rejection, it <u>should</u> be listed under maintenance immunosuppression.	
If an immunosuppressive medication other than those listed is b	being administered (e.g., new monoclonal antibodies), select Ind, Maint, or AR next to Other the medication in the space provided Do not list non-immunosuppressive medications	

Ind. Days ST Maint AR Argam Image and the state of the s	Drug used for induction, acute rejection, or maintenance					
Drugs used for induction or acute rejection Ind. Days ST Name Appare Agam Ind. Days ST Name Appare Ind. Ind. <td>Staraida (aradhicana, mathularadhicalana, Salumadral, Madral)</td> <td></td> <td>Days</td> <td>ST</td> <td>_</td> <td>_</td>	Staraida (aradhicana, mathularadhicalana, Salumadral, Madral)		Days	ST	_	_
Ind. Days ST Maint R Gampath (signaturanes)	Steroius (preunisone, meuryipreunisoione, solumeuroi, meuro)					
Ind. Days ST Maint R Gampath (signaturanes)	Drugs used for induction or acute rejection					
Cargedin (defanaturanee)	brugs used for induction of acate rejection	Ind.	Days	ST	Maint	AR
Cyclophosphamide)	Atgam					
Returneate (Folex PFS, Mexate AQ, Preumatrex) Returneate (Folex PFS, Mexate AQ, Preumatrex) Returneate (Folex PFS, Mexate AQ, Preumatrex) Struct (castitunab) Struct (castitunab) Intyropolobulin Drugs primarily used for maintenance Cyclosponine, select from the following: - Gengrid - Gengrid - Sandimmune - Generic exploration - Generic exploration Imvan (azatioprine, AZA) Lethromode (FR) Mycophenolic acid, select from the following: - Calcagt (MHP) - Generic Myfortic (generic mycophenolic acid) - Generic Myfortic (generic from the following: - Laturnet - Laturnet - Laturnet - Catcagt (MHP) - Generic Myfortic (generic from the following: - Laturnet - Laturnet - Laturnet - Laturnet - Laturnet - Laturnet <td>Campath (alemtuzumab)</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Campath (alemtuzumab)					
Rituam (rituamiab)	Cytoxan (cyclophosphamide)					
Simulat (pailsing)	Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex)					
Trymoglabulin Trymog	Rituxan (rituximab)					
Drugs primarily used for maintenance Cyclosporine, select from the following: - Gengraf - Neoral - Sandimmune - Generic cyclosporine Imuun (zathioprine, AZA) Leflunomide (LR) Mycophenolic acid, select from the following: - CaliCapt (MMF) - Generic Cyclosporine Imuun (zathioprine, AZA) Leflunomide (LR) Mycophenolic acid, select from the following: - CaliCapt (MMF) - Generic MMF (generic CaliCapt) - Hyfortic (mycophenolic acid) - Generic MMF (generic CaliCapt) - Myfortic (generic mycophenolic acid) - Generic MMF (generic CaliCapt) - Importune (sirolimus) - Generic Myfortic (generic mycophenolic acid) - Torress (everolimus) - Zorress (everolimus) - Zorress (everolimus) - Zorress (everolimus) - Calification the following: - Zorress (everolimus) - Calification the following: - Zorress (everolimus) - Generic torolimus (generic Prograf) - Fiversus XR (tacrolimus XR) - Generic torolimus (generic Prograf)	Simulect (basiliximab)					
Ind. Days ST Maint AR Cyclosporine, select from the following: <td>Thymoglobulin</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Thymoglobulin					
Ind. Days ST Maint AR Cyclosporine, select from the following: <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
Cyclosporine, select from the following: Generic cyclosporine Ceneric cyclosporine Imuran (azathioprine, AZA) Leftunomide (LFL) Mycophenolic add, select from the following: Ceneric cyclosporine Imuran (azathioprine, AZA) Leftunomide (LFL) Mycophenolic add, select from the following: CellCept (MMF) Ceneric Myfordic (mycophenolic add) Myfordic (mycophenolic add) TOTA Inhibitors, select from the following: Sapamune (cirolinus) Ceneric sinolinus Ceneric sinolinus Ceneric divercibility (generic curvcophenolic add) Myfordic (mycophenolic add) Ceneric sinolinus Ceneric tarcolinus (generic Prograf)	Drugs primarily used for maintenance	Ind.	Days	ST	Maint	AR
- Nearal - Sandimune - Generic cyclosporine Imuran (azathioprine, AZA) Leffunomide (LFL) Mycophenolic acid, select from the following: - CellCept (MMF) - Generic CellCept) - Offer from the following: - Rapamune (strolimus) - Generic Myfortic (generic mycophenolic acid) mTOR inhibitors, select from the following: - Rapamune (strolimus) - Generic strolimus - Zartress (everalimus) - Generic strolimus - CellCept (International CellCept) - Adagraf ML (cetended release traclimus) - Envarsus XR (tacrolimus XR) - Prograf (tacrolimus XR) - Generic Enrolimus (generic Prograf) - Celter drugs - Cetter drugs - Cetter drugs - Ind Days - ST - Maint - AR - Chter immunosuppressive medication, specify: - Sandina CellCept - Sendina	Cyclosporine, select from the following:					
- Sandimmune - Generic cyclosponine Imuran (azathioprine, AZA) Leflumomide (LFL) Mycophenolic acid, select from the following: - CellCept (MMF) - Generic CellCept) - Myfortic (generic CellCept) - Myfortic (generic mycophenolic acid) - Generic Mivit (generic mycophenolic acid) - Generic Mivit (generic mycophenolic acid) - Generic sirolimus - Generic sirolimus - Generic sirolimus - CellCept (Lettended release tacrolimus) - Favarsus XR (tacrolimus XR) - Prograf (tacrolimus (generic Prograf) - Center tarrolimus (generic Prograf) - Chter drugs - Chter drugs - Maint AR - Chter immunosuppressive medication, specify: - Inter Immunosuppressive medication, specify: - Senderic Immunosuppressive medication specify: - Senderic Immunosuppressive medication specify: - Senderic Immunosuppressive medi	- Gengraf					
Generic cyclosporine	- Neoral					
Imuran (azathioprine, AZA) Leflunomide (LFL) Mycophenolic acid, select from the following: - CellCept (MMF) - Generic MMF (generic CellCept) - Myfortic (mycophenolic acid) - Generic Myfortic (generic mycophenolic acid) mTOR Inhibitors, select from the following: - Rapamune (sirolimus) - Generic Strolimus - Zortress (everolimus) Nulojix (belatacept) - Astagraf XL (extended release tacrolimus) - Envarsus XR (tacrolimus XR) - Prograf (tacrolimus XR) - Generic tacrolimus (generic Prograf)	- Sandimmune					
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Mycophenolic acid, select from the following: - - CeliCept (MMF) - - Generic MMF (generic CeliCept) - - Myfortic (mycophenolic acid) - - Generic Myfortic (generic mycophenolic acid) - mTOR inhibitors, select from the following: - - Rapamune (sirolimus) - - Generic sirolimus - - Zortress (everolimus) - - Atagrafi XL (extended release tacrolimus) - - Envarsus XR (tacrolimus XR) - - Prograf (tacrolimus) - - Prograf (tacrolimus (generic Prograf) - Other immunosuppressive medication, specify: Ind. Days ST Maint AR	Imuran (azathioprine, AZA)					
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- Generic MMF (generic CellCept) - Myfortic (mycophenolic acid) - Generic Myfortic (generic mycophenolic acid) - Generic Myfortic (generic mycophenolic acid) - Generic Strolimus) - Rapamune (sirolimus) - Rapamune (sirolimus) - Generic strolimus - Zortress (everolimus) - Astagraf XL (extended release tacrolimus) - Erwarsus XR (tacrolimus XR) - Prograf (tacrolimus) - Generic tacrolimus (generic Prograf) - Cother drugs - Cother drugs - Ind. Days ST Maint AR - Other immunosuppressive medication, specify:	Mycophenolic acid, select from the following:					
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- Generic Myfortic (generic mycophenolic add) mTOR inhibitors, select from the following: - Rapamune (sirolimus) - Generic sirolimus - Zortress (everolimus) - Zortress (eve	- Generic MMF (generic CellCept)					
mTOR inhibitors, select from the following: - Rapamune (sirolimus) - Generic sirolimus - Zortress (everolimus) Nulojix (belatacept) Tacrolimus, select from the following: - Astagraf XL (extended release tacrolimus) - Envarsus XR (tacrolimus XR) - Prograf (tacrolimus) - Generic tacrolimus (generic Prograf) - Other drugs Ind. Days ST Maint AR	- Myfortic (mycophenolic acid)					
- Rapamune (sirolimus) - Generic sirolimus - Zortress (everolimus) - Zortress (everolimus) - Zortress (everolimus) - Zortress (everolimus) - Astagraf XL (extended release tacrolimus) - Envarsus XR (tacrolimus XR) - Envarsus XR (tacrolimus XR) - Prograf (tacrolimus) - Generic tacrolimus (generic Prograf) - Cother drugs - Cother drugs - Ind. Days ST Maint AR - Other immunosuppressive medication, specify:	- Generic Myfortic (generic mycophenolic acid)					
- Generic sirolimus - Zortress (everolimus) - Zortress (everolimus) - Unlojix (belatacept) - Tacrolimus, select from the following: - Astagraf XL (extended release tacrolimus) - Envarsus XR (tacrolimus XR) - Prograf (tacrolimus) - Generic tacrolimus (generic Prograf) - Other drugs - Tacrolimus (generic Prograf) - Days ST Maint AR Other immunosuppressive medication, specify:	mTOR inhibitors, select from the following:					
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Nulojix (belatacept) Tacrolimus, select from the following: - Astagraf XL (extended release tacrolimus) - Envarsus XR (tacrolimus XR) - Prograf (tacrolimus) - Prograf (tacrolimus) - Generic tacrolimus (generic Prograf) Other drugs Ind. Days ST Maint AR Other immunosuppressive medication, specify:	- Generic sirolimus					
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Astagraf XL (extended release tacrolimus) Envarsus XR (tacrolimus XR) Prograf (tacrolimus) Generic tacrolimus (generic Prograf) Dther drugs	Nulojix (belatacept)					
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- Generic tacrolimus (generic Prograf)	- Envarsus XR (tacrolimus XR)					
Other drugs Ind. Days ST Maint AR Other immunosuppressive medication, specify:	- Prograf (tacrolimus)					
Ind. Days ST Maint AR Other immunosuppressive medication, specify:	- Generic tacrolimus (generic Prograf)					
Ind. Days ST Maint AR Other immunosuppressive medication, specify:						,
Other immunosuppressive medication, specify:	Other drugs	Ind.	Days	ST	Maint	AR
Other immunosuppressive medication, specify:	Other immunosuppressive medication, specify:				_	
	Other immunosuppressive medication, specify:					

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