

Pediatric 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 TJEDI® 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 TJEDI® 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:

Candidate Information	
Organ Registered:	Date of Listing or Add:
Last Name:*	First Name:*
<input type="text"/>	<input type="text"/>
MI:	<input type="text"/>
Previous Surname:	<input type="text"/>
SSN:	Gender:* <input type="radio"/> Male <input type="radio"/> Female
HIC:	DOB:*
<input type="text"/>	<input type="text"/>
State of Permanent Residence:*	<input type="text"/>
Permanent ZIP Code:*	<input type="text"/> - <input type="text"/>
Ethnicity/Race:* (select all origins that apply)	
<p>American Indian or Alaska Native</p> <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	<p>Asian</p> <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
<p>Black or African American</p> <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	<p>Hispanic/Latino</p> <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
<p>Native Hawaiian or Other Pacific Islander</p> <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	<p>White</p> <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
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 type="text"/>
Year of Entry to the U.S.	<input 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:*	<input type="radio"/> YES <input type="radio"/> NO

- Extra Corporeal Membrane Oxygenation
- Intra Aortic Balloon Pump
- Prostacyclin Infusion
- Prostacyclin Inhalation
- Intravenous Inotropes
- Inhaled NO
- Ventilator
- Other Mechanism, Specify

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

Date of Measurement:

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:

Total Serum Albumin: * g/dl ST=

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="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: * 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

Unknown if there were prior sternotomies

0

1

2

3

4

5+

Unknown number of prior sternotomies

Unknown if there were prior thoracotomies

0

1

2

3

4

5+

Unknown number of prior thoracotomies

If yes, number of prior sternotomies:

If yes, number of prior thoracotomies:

Prior congenital cardiac surgery:

If yes, palliative surgery:

If yes, corrective surgery:

If yes, single ventricular physiology:

YES NO UNK

YES NO UNK

YES NO UNK

YES NO UNK