

Adult Heart 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: 50%; 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: 50%; 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> </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;"> 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;"> 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 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> </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	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	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	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	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
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							
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	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							
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	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							
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 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
- 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: *

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

- Dialysis:** *
- No dialysis
 - Hemodialysis
 - Peritoneal Dialysis
 - Dialysis Status Unknown
 - Dialysis-Unknown Type was performed

Symptomatic Cerebrovascular Disease: * YES NO UNK

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:

Most Recent Serum Creatinine: * mg/dl ST=

Heart Medical Factors:

Implantable Defibrillator: * YES NO UNK

Exercise Oxygen Consumption: * ml/min/kg ST=

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: * YES NO

- 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

Duration of Abstinence:

Prior Cardiac Surgery (non-transplant): * YES NO UNK

- CABG
- Valve Replacement/Repair
- Congenital
- Left Ventricular Remodeling
- Other, specify

If yes, check all that apply:

Specify: