

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

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

Donor Information	
UNOS Donor ID #:	
Recovering OPO:	
Donor Type:	

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

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

Candidate Name: DOB:

Specify:	<input type="checkbox"/> Intra Aortic Balloon Pump <input type="checkbox"/> Prostaglandins <input type="checkbox"/> Intravenous Inotropes <input type="checkbox"/> Inhaled NO <input type="checkbox"/> Ventilator <input type="checkbox"/> Other Mechanism <input type="text"/>	
Patient on Ventricular Assist Device *	<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"/>	
Functional Status: *	<input type="text"/>	
Working for income: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Source of Payment:		
Primary: *	<input type="text"/>	
Specify:	<input type="text"/>	
Height: *	<input type="text"/> ft. <input type="text"/> in. <input type="text"/> cm ST= <input type="checkbox"/>	
Weight: *	<input type="text"/> lbs <input type="text"/> kg ST= <input type="checkbox"/>	
BMI:	kg/m ²	
Previous Transplants:		
Previous Transplant Organ	Previous Transplant Date	Previous Transplant Graft Fail Date
<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>		
Viral Detection:		
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
NAT Results:	
	<input type="radio"/> Positive
HIV NAT: *	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
	<input type="radio"/> Positive
HBV NAT: *	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
	<input type="radio"/> Positive
HCV NAT: *	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose

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

Most Recent Serum Creatinine: *	<input type="text"/> mg/dl	ST= <input type="checkbox"/>
Most Recent Total Bilirubin: *	<input type="text"/> mg/dl	ST= <input type="checkbox"/>
Chronic Steroid Use: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	

Events occurring between listing and transplant:

Transfusions: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Infection Requiring IV Therapy within 2 wks prior to Tx: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Dialysis: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Prior Cardiac Surgery (non-transplant): *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
	<input type="checkbox"/> CABG
	<input type="checkbox"/> Valve Replacement/Repair
	<input type="checkbox"/> Congenital
	<input type="checkbox"/> Left Ventricular Remodeling
	<input type="checkbox"/> Other, specify
If yes, check all that apply:	
Specify:	<input type="text"/>
Prior Lung Surgery (non-transplant): *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

Candidate Name: DOB:

If yes, check all that apply:

- Pneumothorax Surgery-Nodule
- Pneumothorax Decortication
- Lobectomy
- Pneumonectomy
- Left Thoracotomy
- Right Thoracotomy
- Other, specify

Specify:

Episode of Ventilatory Support: *

YES NO UNK

If yes, indicate most recent timeframe:

- At time of transplant
- Within 3 months of transplant
- >3 months prior to transplant

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient

Were extra vessels used in the transplant procedure:

Procedure Type:

- Heart
- Heart Lung
- Orthotopic Bicaval
- Orthotopic Traditional
- Orthotopic Total (Bicaval, PV)
- Heterotopic

Heart Procedure: *

Total Organ Preservation Time From Cross Clamp to In Situ Reperfusion (include warm and cold time):

Heart, Heart-Lung:

 min

ST=

Clinical Information : POST TRANSPLANT

Graft Status: *

Functioning 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:

- Primary Non-Function
- Acute Rejection
- Chronic Rejection/Atherosclerosis
- Other, Specify

Specify:

Events Prior to Discharge:

Stroke: *

YES NO UNK

Dialysis: *

YES NO UNK

Permanent Pacemaker: *

YES NO UNK

Airway Dehiscence: *

YES NO UNK

Did patient have any acute rejection episodes between transplant and discharge: *

- Yes, at least one episode treated with anti-rejection agent
- 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 **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
Steroids (prednisone, methylprednisolone, Solumedrol, Medrol)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
Cytoxan (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
Cyclosporine, select from the following:					
- 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"/>
Mycophenolic acid, select from the following:					
- 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"/>
mTOR inhibitors, select from the following:					
- 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"/>

Candidate Name: DOB:

- 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"/>