

Records ?

Adult Thoracic - Heart/Lung Transplant Recipient Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 07/31/2020

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 <input type="checkbox"/> Extra Corporeal Membrane Oxygenation <input type="checkbox"/> Intra Aortic Balloon Pump <input type="checkbox"/> Prostacyclin Infusion <input type="checkbox"/> Prostacyclin Inhalation <input type="checkbox"/> Inhaled NO <input type="checkbox"/> Ventilator <input type="checkbox"/> Other Mechanism Specify: <input type="text"/>
Patient on Ventricular Assist Device*	<input type="radio"/> NONE <input type="radio"/> LVAD

- RVAD
- TAH
- LVAD+RVAD

Life Support: VAD Brand1

Specify:

Life Support: VAD Brand2

Specify:

Functional Status: *

Working for income: * YES NO UNK

Source of Payment:

Primary: *

Specify:

Height: * ft. in. cm **ST=**

Weight: * lbs kg **ST=**

BMI: kg/m²

Previous Transplants:

Previous Transplant Organ	Previous Transplant Date	Previous Transplant 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.

Viral Detection:

HIV Serostatus: * Positive
 Negative
 Not Done
 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

NAT Results:

HIV NAT: * Positive
 Negative

HBV NAT: *

- Not Done
- UNK/Cannot Disclose
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HCV NAT: *

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

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

Most Recent Serum Creatinine: *

mg/dl

ST=

Most Recent Total Bilirubin: *

mg/dl

ST=

Chronic Steroid Use: *

- YES NO UNK

Pulmonary Status (Give most recent value):

FVC: *	<input type="text"/> %predicted:	ST= <input type="text"/>
FeV1: *	<input type="text"/> %predicted:	ST= <input type="text"/>
pCO2: *	<input type="text"/> mm/Hg:	ST= <input type="text"/>

Events occurring between listing and transplant:

Transfusions: * YES NO UNK

Infection Requiring IV Therapy within 2 wks prior to Tx: * YES NO UNK

Dialysis: * YES NO UNK

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:

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

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

If yes, check all that apply:

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

Tracheostomy:*

YES NO UNK

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient

Were extra vessels used in the transplant procedure:

Procedure Type: Heart
 Heart Lung

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

Heart, Heart-Lung: min ST=

Lung(s) perfused prior to transplant? YES NO

Perfusion occurred at: Recovery Site (donor hospital)
 OPO
 Transplant hospital - transplant site
 Transplant hospital - not transplant site
 External perfusion center

Perfusion performed by: OPO
 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

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

Ventilator Support: * No
 Ventilator support for <= 48 hours
 Ventilator support for >48 hours but < 5 days
 Ventilator support >= 5 days
 Ventilator support, duration unknown
 Unknown Status

Reintubated: * YES NO UNK

Permanent Pacemaker: * YES NO UNK

Components of ISHLT primary graft dysfunction (PGD) grade

Intubated at 72 hours: * YES NO UNK

PaO2 at 72 Hours: * ST=

FiO2 at 72 Hours*	<input type="text"/> mm/Hg	<input type="checkbox"/>
	<input type="text"/> %	ST= <input type="checkbox"/>
ECMO at 72 hours*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Inhaled NO at 72 hours*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Airway Dehiscence:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Did patient have any acute rejection episodes between transplant and discharge:*	<input type="radio"/> Yes, at least one episode treated with anti-rejection agent	
	<input type="radio"/> Yes, none treated with additional anti-rejection agent	
	<input type="radio"/> No	
Immunosuppressive Information		
Are any medications given currently for maintenance or anti-rejection:*	<input type="radio"/> YES <input type="radio"/> NO	
Immunosuppressive Medications		
View Immunosuppressive Medications		