

Records

Adult Thoracic - Heart 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"/> Prostaglandins <input type="checkbox"/> Intravenous Inotropes <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 unethehelpdesk@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

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

If yes, check all that apply:

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

Specify:

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

If yes, check all that apply:

- Pneumoreduction
- 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
- Heart Procedure:*
- Orthotopic Total (Bicaval, PV)
 - Heterotopic

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

View Immunosuppressive Medications