

# Records ?

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

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

Donor Information	
<b>UNOS Donor ID #:</b>	
<b>Recovering OPO:</b>	
<b>Donor Type:</b>	

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

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

Source of Payment:

Primary:\*

Specify:

Height:\*

 ft.  in. cm

ST=

Weight:\*

 lbs kg

ST=

BMI:

 kg/m<sup>2</sup>

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:\*
  - CMV Status:\*
  - HBV Surface Antibody Total\*
  - HBV Core Antibody:\*
  - HBV Surface Antigen:\*
  - HCV Serostatus:\*
  - EBV Serostatus:\*
- Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose
- Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose
- Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose
- Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose
- Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose
- Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose
- Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose

NAT Results:

- HIV NAT:\*
  - HBV NAT:\*
  - HCV NAT:\*
- Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose
- Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose
- 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:*	<input type="text"/> mg/dl	ST= <input type="text"/>
Most Recent Total Bilirubin:*	<input type="text"/> mg/dl	ST= <input type="text"/>
Chronic Steroid Use:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> 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:*	<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
	<input type="checkbox"/> Pneumoreduction
	<input type="checkbox"/> Pneumothorax Surgery-Nodule
	<input type="checkbox"/> Pneumothorax Decortication
	<input type="checkbox"/> Lobectomy
	<input type="checkbox"/> Pneumonectomy
	<input type="checkbox"/> Left Thoracotomy
	<input type="checkbox"/> Right Thoracotomy
	<input type="checkbox"/> Other, specify
If yes, check all that apply:	
Specify:	<input type="text"/>
Episode of Ventilatory Support: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
	<input type="radio"/> At time of transplant
	<input type="radio"/> Within 3 months of transplant
	<input type="radio"/> >3 months prior to transplant
If yes, indicate most recent timeframe:	
Tracheostomy:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient

Were extra vessels used in the transplant procedure:

Procedure Type:	<input type="radio"/> SINGLE LEFT LUNG
	<input type="radio"/> SINGLE RIGHT LUNG
	<input type="radio"/> BILATERAL SEQUENTIAL LUNG
	<input type="radio"/> EN-BLOC DOUBLE LUNG

LOBE, RIGHT

LOBE, LEFT

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

Left Lung:  min ST=

Right Lung (OR EN-BLOC):  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\*  mm/Hg ST=

FiO2 at 72 Hours\*  % ST=

ECMO at 72 hours\*  YES  NO  UNK

Inhaled NO at 72 hours\*  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**