

Pediatric 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:* <input style="width: 100%;" type="text"/>	First Name:* <input style="width: 100%;" type="text"/>	MI: <input style="width: 100%;" type="text"/>		
Previous Surname: <input style="width: 100%;" type="text"/>				
SSN: <input style="width: 100%;" type="text"/>	Gender:* <input type="radio"/> Male <input type="radio"/> Female			
HIC: <input style="width: 100%;" type="text"/>	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 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 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="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 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 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 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 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	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 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 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
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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: *

- Cognitive Development:** *
- Definite Cognitive delay/impairment
 - Probable Cognitive delay/impairment
 - Questionable Cognitive delay/impairment
 - No Cognitive delay/impairment
 - Not Assessed

- Motor Development:** *
- Definite Motor delay/impairment
 - Probable Motor delay/impairment
 - Questionable Motor delay/impairment
 - No Motor delay/impairment
 - Not Assessed

- Academic Progress:** *
- Within One Grade Level of Peers
 - Delayed Grade Level
 - Special Education
 - Not Applicable, too young for school/ High School graduate or GED
 - Status Unknown

- Academic Activity Level:** *
- Full academic load
 - Reduced academic load
 - Unable to participate in academics due to disease or condition
 - Unable to participate regularly due to dialysis
 - Not Applicable, too young for school/ High School graduate or GED
 - Status Unknown

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

Date of Measurement:

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

Weight: * lbs kg **ST=**

BMI:	kg/m ²	
ABO Blood Group:		
Primary Diagnosis: *	<input style="width: 100%;" type="text"/>	
Specify:	<input style="width: 100%;" type="text"/>	
General Medical Factors:		
Diabetes: *	<input type="radio"/> No <input type="radio"/> Type I <input type="radio"/> Type II <input type="radio"/> Type Other <input type="radio"/> Type Unknown <input type="radio"/> Diabetes Status Unknown	
Dialysis: *	<input type="radio"/> No dialysis <input type="radio"/> Hemodialysis <input type="radio"/> Peritoneal Dialysis <input type="radio"/> Dialysis Status Unknown <input type="radio"/> Dialysis-Unknown Type was performed	
Symptomatic Cerebrovascular Disease: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Any previous Malignancy: *	<input type="radio"/> YES <input type="radio"/> NO	
Specify Type:	<input type="checkbox"/> Skin Melanoma <input type="checkbox"/> Skin Non-Melanoma <input type="checkbox"/> CNS Tumor <input type="checkbox"/> Genitourinary <input type="checkbox"/> Breast <input type="checkbox"/> Thyroid <input type="checkbox"/> Tongue/Throat/Larynx <input type="checkbox"/> Lung <input type="checkbox"/> Leukemia/Lymphoma <input type="checkbox"/> Liver <input type="checkbox"/> Other, specify	
Specify:	<input style="width: 100%;" type="text"/>	
Most Recent Serum Creatinine: *	<input style="width: 50%;" type="text"/> mg/dl	ST= <input type="checkbox"/>
Total Serum Albumin: *	<input style="width: 50%;" type="text"/> g/dl	ST= <input type="checkbox"/>

Heart Medical Factors:			
Sudden Death: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK		
Implantable Defibrillator: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK		
Exercise Oxygen Consumption: *	<input style="width: 50%;" type="text"/> ml/min/kg	ST=	<input type="checkbox"/>
Most Recent Hemodynamics:		Inotropes/Vasodilators:	
PA (sys) mm/Hg: *	<input style="width: 50%;" type="text"/>	ST=	<input type="checkbox"/> <input type="radio"/> YES <input type="radio"/> NO
PA (dia) mm/Hg: *	<input style="width: 50%;" type="text"/>	ST=	<input type="checkbox"/> <input type="radio"/> YES <input type="radio"/> NO
PA (mean) mm/Hg: *	<input style="width: 50%;" type="text"/>	ST=	<input type="checkbox"/> <input type="radio"/> YES <input type="radio"/> NO
PCW (mean) mm/Hg: *	<input style="width: 50%;" type="text"/>	ST=	<input type="checkbox"/> <input type="radio"/> YES <input type="radio"/> NO
CO L/min: *	<input style="width: 50%;" type="text"/>	ST=	<input type="checkbox"/> <input type="radio"/> YES <input type="radio"/> NO
History of Cigarette Use: *	<input type="radio"/> YES <input type="radio"/> NO		

Duration of Abstinence:

- 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

Prior Thoracic Surgery other than prior transplant:*

- YES NO UNK

If yes, number of prior sternotomies:

- Unknown if there were prior sternotomies
- 0
- 1
- 2
- 3
- 4
- 5+
- Unknown number of prior sternotomies

If yes, number of prior thoracotomies:

- Unknown if there were prior thoracotomies
- 0
- 1
- 2
- 3
- 4
- 5+
- Unknown number of prior thoracotomies

Prior congenital cardiac surgery:

- YES NO UNK

If yes, palliative surgery:

- YES NO UNK

If yes, corrective surgery:

- YES NO UNK

If yes, single ventricular physiology:

- YES NO UNK