Pediatric Lung Transplant Candidate Registration Worksheet

Note: These worksheets are provided to function as a guide to what data will be required in the online TIED® 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 TIED® 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

<table>
<thead>
<tr>
<th>Provider Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient Center:</td>
<td></td>
</tr>
</tbody>
</table>

### Candidate Information

<table>
<thead>
<tr>
<th>Organ Registered:</th>
<th>Date of Listing or Add:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>First Name:</td>
</tr>
<tr>
<td>MI:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Surname:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SSN:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIC:</th>
<th>DOB:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State of Permanent Residence:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Permanent ZIP Code:</th>
<th></th>
</tr>
</thead>
</table>

### Ethnicity/Race:

(Select all origins that apply)

- **American Indian or Alaska Native**
  - American Indian
  - Eskimo
  - Inuit
  - Other American Indian or Alaska Native
  - Not Specified/Unknown

- **Asian**
  - Asian Indian
  - Indian Sub-Continental

- **Black or African American**
  - African American
  - African Continental
  - West Indian
  - Haitian
  - Not Specified/Unknown

- **Hispanic/Latino**
  - Mexican
  - Puerto Rican (Mainland)
  - Puerto Rican (Island)
  - Cuban
  - Other Hispanic/Latino
  - Not Specified/Unknown

- **Native Hawaiian or Other Pacific Islander**
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Native Hawaiian or Other Pacific Islander
  - Not Specified/Unknown

- **White**
  - European Descent
  - North African (Non-Black)
  - Other White
  - Not Specified/Unknown

### Citizenship:

- **US Citizen**
- **Non-US Citizen/US Resident**
- **Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant**
- **Non-US Citizen/Non-US Resident, Traveled to US for Transplant**

### Country of Permanent Residence:

<table>
<thead>
<tr>
<th>Year of Entry to the U.S.</th>
<th>ST=</th>
</tr>
</thead>
</table>

### Highest Education Level:

- **NONE**
- **GRADE SCHOOL (0-8)**
- **HIGH SCHOOL (9-12) or GED**
- **ATTENDED COLLEGE/TECHNICAL SCHOOL**
- **ASSOCIATE/BACHELOR DEGREE**
- **POST-COLLEGE GRADUATE DEGREE**
- **N/A (< 5 YRS OLD)**
- **UNKNOWN**

### Patient on Life Support:

- **YES**
- **NO**
Extra Corporeal Membrane Oxygenation
Intra Aortic Balloon Pump
Prostacyclin Infusion
Prostacyclin Inhalation
Intravenous Inotropes
Inhaled NO
Ventilator
Other Mechanism, Specify

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:

<table>
<thead>
<tr>
<th>Organ</th>
<th>Date</th>
<th>Graft Fail Date</th>
</tr>
</thead>
</table>

The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-478-4334 or by emailing unethelpdesk@unos.org.

Source of Payment:
Primary: 
Specify:

Clinical Information: AT LISTING

Date of Measurement:

Height: *

<table>
<thead>
<tr>
<th>ft</th>
<th>in</th>
<th>cm</th>
<th>ST=</th>
</tr>
</thead>
</table>

Weight: *

<table>
<thead>
<tr>
<th>lbs</th>
<th>kg</th>
<th>ST=</th>
</tr>
</thead>
</table>

BMI: *

<table>
<thead>
<tr>
<th>kg/m²</th>
<th>ST=</th>
</tr>
</thead>
</table>

ABO Blood Group:

Primary Diagnosis: *
Specify:

General Medical Factors:
### Diabetes:
- [ ] No
- [ ] Type I
- [ ] Type II
- [ ] Type Other
- [ ] Type Unknown
- [ ] Diabetes Status Unknown

### Any previous Malignancy:
- [ ] YES
- [ ] NO
- [ ] Skin Melanoma
- [ ] Skin Non-Melanoma
- [ ] CNS Tumor
- [ ] Genitourinary
- [ ] Breast
- [ ] Thyroid
- [ ] Tongue/Throat/Larynx
- [ ] Lung
- [ ] Leukemia/Lymphoma
- [ ] Liver
- [ ] Other, specify

Specify Type:
- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid
- Tongue/Throat/Larynx
- Lung
- Leukemia/Lymphoma
- Liver
- Other, specify

Specify:

<table>
<thead>
<tr>
<th>Total Serum Albumin:</th>
<th>g/dl</th>
<th>ST=</th>
</tr>
</thead>
</table>

### Lung Medical Factors

#### Pulmonary Status:
- [ ] YES
- [ ] NO
- [ ] UNK

#### Pan-Resistant Bacterial Lung Infection:
- [ ] YES
- [ ] NO
- [ ] UNK

#### Heart/Lung Medical Factors:

##### Most Recent Hemodynamics:

<table>
<thead>
<tr>
<th>PA (sys) mm/Hg:</th>
<th>ST=</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA (dia) mm/Hg:</td>
<td>ST=</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>PA (mean) mm/Hg:</td>
<td>ST=</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>PCW (mean) mm/Hg:</td>
<td>ST=</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>CO L/min:</td>
<td>ST=</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

##### Inotropes/Vasodilators:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

### History of Cigarette Use:
- [ ] YES
- [ ] NO

- [ ] 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

### Duration of Abstinence:

#### Prior Thoracic Surgery other than prior transplant:
- [ ] YES
- [ ] NO
- [ ] UNK
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, number of prior sternotomies</td>
<td>Unknown if there were prior sternotomies, 0, 1, 2, 3, 4, 5+</td>
</tr>
<tr>
<td>If yes, number of prior thoracotomies</td>
<td>Unknown if there were prior thoracotomies, 0, 1, 2, 3, 4, 5+</td>
</tr>
<tr>
<td>Prior congenital cardiac surgery:</td>
<td>YES</td>
</tr>
<tr>
<td>If yes, palliative surgery:</td>
<td>YES</td>
</tr>
<tr>
<td>If yes, corrective surgery:</td>
<td>YES</td>
</tr>
<tr>
<td>If yes, single ventricular physiology:</td>
<td>YES</td>
</tr>
</tbody>
</table>