

Pediatric Thoracic - Heart Transplant Recipient 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.

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

Specify:	<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 <input style="width:100%;" type="text"/>	
Patient on Ventricular Assist Device*	<input type="radio"/> NONE <input type="radio"/> LVAD <input type="radio"/> RVAD <input type="radio"/> TAH <input type="radio"/> LVAD+RVAD	
Life Support: VAD Brand1	<input style="width:100%;" type="text"/>	
Specify:	<input style="width:100%;" type="text"/>	
Life Support: VAD Brand2	<input style="width:100%;" type="text"/>	
Specify:	<input style="width:100%;" type="text"/>	
Functional Status:*	<input style="width:100%;" type="text"/>	
Cognitive Development: *	<input type="radio"/> Definite Cognitive delay/impairment <input type="radio"/> Probable Cognitive delay/impairment <input type="radio"/> Questionable Cognitive delay/impairment <input type="radio"/> No Cognitive delay/impairment <input type="radio"/> Not Assessed	
Motor Development: *	<input type="radio"/> Definite Motor delay/impairment <input type="radio"/> Probable Motor delay/impairment <input type="radio"/> Questionable Motor delay/impairment <input type="radio"/> No Motor delay/impairment <input type="radio"/> Not Assessed	
Academic Progress:*	<input type="radio"/> Within One Grade Level of Peers <input type="radio"/> Delayed Grade Level <input type="radio"/> Special Education <input type="radio"/> Not Applicable, too young for school/ High School graduate or GED <input type="radio"/> Status Unknown	
Academic Activity Level:*	<input type="radio"/> Full academic load <input type="radio"/> Reduced academic load <input type="radio"/> Unable to participate in academics due to disease or condition <input type="radio"/> Unable to participate regularly due to dialysis <input type="radio"/> Not Applicable, too young for school/ High School graduate or GED <input type="radio"/> Status Unknown	
Source of Payment:		
Primary:*	<input style="width:100%;" type="text"/>	
Specify:	<input style="width:100%;" type="text"/>	
Date of Measurement:	<input style="width:100%;" type="text"/>	
Height:*	<input style="width:20%;" type="text"/> ft. <input style="width:20%;" type="text"/> in. <input style="width:20%;" type="text"/> cm ST= <input type="checkbox"/>	
Weight:*	<input style="width:20%;" type="text"/> lbs <input style="width:20%;" type="text"/> kg ST= <input type="checkbox"/>	
BMI:	<input style="width:100%;" type="text"/> kg/m ²	
Previous Transplants:		
Previous Transplant Organ	Previous Transplant Date	Previous Transplant Graft Fail Date
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<i>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.</i>		

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
 Not Done
 UNK/ Cannot Disclose

HBV NAT: *
 Positive
 Negative
 Not Done
 UNK/ Cannot Disclose

HCV NAT: *
 Positive
 Negative
 Not Done
 UNK/ Cannot Disclose

Most Recent Hemodynamics:

PA (sys)mm/Hg: *

PA (dia) mm/Hg: *

PA (mean) mm/Hg: *

ST=

ST=

ST=

Inotropes/Vasodilators:

YES NO

YES NO

YES NO

CO L/min: * ST= YES NO

Cardiac Index

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

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

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

Pretransplant Titer Information:

Most Recent Anti-A Titer: Sample Date:

Most Recent Anti-B Titer: Sample Date:

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient

Were extra vessels used in the transplant procedure:

Candidate Name: DOB:

Drugs used for induction or acute rejection					
	Ind.	Days	ST	Maint	AR
Atgam	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campath (alemtuzumab)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytosan (cyclophosphamide)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rituxan (rituximab)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simulect (basiliximab)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thymoglobulin	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drugs primarily used for maintenance					
	Ind.	Days	ST	Maint	AR
Cyclosporine, select from the following:					
- Gengraf	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Neoral	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sandimmune	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic cyclosporine	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imuran (azathioprine, AZA)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leflunomide (LFL)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mycophenolic acid, select from the following:					
- CellCept (MMF)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic MMF (generic CellCept)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Myfortic (mycophenolic acid)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic Myfortic (generic mycophenolic acid)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mTOR inhibitors, select from the following:					
- Rapamune (sirolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic sirolimus	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Zortress (everolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nulojix (belatacept)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tacrolimus, select from the following:					
- Astagraf XL (extended release tacrolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Envarsus XR (tacrolimus XR)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Prograf (tacrolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic tacrolimus (generic Prograf)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other drugs					
	Ind.	Days	ST	Maint	AR
Other immunosuppressive medication, specify: <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other immunosuppressive medication, specify: <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>