

Pediatric Thoracic - Lung 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:	<input type="text"/>	DOB:	<input type="text"/>
SSN:	<input type="text"/>	Gender:	<input type="text"/>
HIC:	<input type="text"/>	Tx Date:	<input type="text"/>
State of Permanent Residence: *	<input type="text"/>		
Permanent Zip: *	<input type="text"/> - <input type="text"/>		

Provider Information

Recipient Center:	<input type="text"/>
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 #:	<input type="text"/>
Recovering OPO:	<input type="text"/>
Donor Type:	<input type="text"/>

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"/> Prostacyclin Infusion <input type="checkbox"/> Prostacyclin Inhalation <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"/>	
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:20px;" type="text"/> ft. <input style="width:20px;" type="text"/> in. <input style="width:20px;" type="text"/> cm ST= <input type="checkbox"/>	
Weight: *	<input style="width:20px;" type="text"/> lbs <input style="width:20px;" type="text"/> kg ST= <input type="checkbox"/>	
BMI:	kg/m ²	
Previous Transplants:		
Previous Transplant Organ	Previous Transplant Date	Previous Transplant Graft Fail Date
<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>		
Viral Detection:		
HIV Serostatus: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/ Cannot Disclose	

CMV Status*	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive
HBV Surface Antibody Total*	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive
HBV Core Antibody: *	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive
HBV Surface Antigen: *	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive
HCV Serostatus: *	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive
EBV Serostatus: *	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive
NAT Results:	
HIV NAT: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive
HBV NAT: *	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive
HCV NAT: *	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive

Most Recent Hemodynamics:		Inotropes/Vasodilators:	
PA (sys)mm/Hg: *	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO
PA(dia) mm/Hg: *	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO
PA(mean) mm/Hg: *	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO
PCW(mean) mm/Hg: *	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO
CO L/min: *	<input type="text"/>	ST= <input type="checkbox"/>	<input type="radio"/> YES <input type="radio"/> NO

Most Recent Serum Creatinine: *	<input type="text"/> mg/dl	ST= <input type="checkbox"/>
Most Recent Total Bilirubin: *	<input type="text"/> mg/dl	ST= <input type="checkbox"/>

Candidate Name: DOB:

Pulmonary Status (Give most recent value):

FVC: *	<input type="text"/>	%predicted:	ST= <input type="checkbox"/>
FeV1: *	<input type="text"/>	%predicted:	ST= <input type="checkbox"/>
pCO2: *	<input type="text"/>	mm/Hg:	ST= <input type="checkbox"/>

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

- At time of transplant
- Within 3 months of transplant
- >3 months prior to transplant

If yes, indicate most recent timeframe:

Tracheostomy:* YES NO UNK

Prior Thoracic Surgery other than prior transplant:* YES NO UNK

Unknown if there were prior sternotomies

- 0
- 1
- 2
- 3
- 4
- 5+

If yes, number of prior sternotomies:

Unknown number of prior sternotomies
 Unknown if there were prior thoracotomies

- 0
- 1
- 2
- 3
- 4
- 5+

If yes, number of prior thoracotomies:

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:

Procedure Type:	<input type="radio"/> SINGLE RIGHT LUNG <input type="radio"/> BILATERAL SEQUENTIAL LUNG <input type="radio"/> EN-BLOC DOUBLE LUNG <input type="radio"/> LOBE, RIGHT <input type="radio"/> LOBE, LEFT
Total Organ Preservation Time From Cross Clamp to In Situ Reperfusion (include warm and cold time):	
Left Lung:	<input type="text"/> min ST= <input type="text"/>
Right Lung (OR EN-BLOC):	<input type="text"/> min ST= <input type="text"/>
Lung(s) perfused prior to transplant?	<input type="radio"/> YES <input type="radio"/> NO
Perfusion occurred at:	<input type="radio"/> Recovery Site (donor hospital) <input type="radio"/> OPO <input type="radio"/> Transplant hospital - transplant site <input type="radio"/> Transplant hospital - not transplant site <input type="radio"/> External perfusion center
Perfusion performed by:	<input type="radio"/> OPO <input type="radio"/> Transplant Program <input type="radio"/> External perfusion center
Total time on perfusion:	<input type="text"/> min ST= <input type="text"/>
Left lung received at transplant center:	<input type="radio"/> Received at center on ice <input type="radio"/> Received at center on pump, stayed on pump <input type="radio"/> Received at center on pump, put on ice <input type="radio"/> Received at center on ice
Right lung received at transplant center:	<input type="radio"/> Received at center on pump, stayed on pump <input type="radio"/> Received at center on pump, put on ice

Clinical Information : POST TRANSPLANT

Graft Status:*	<input type="radio"/> Functioning <input type="radio"/> Failed
<i>If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.</i>	
Date of Graft Failure:	<input type="text"/>
Primary Cause of Graft Failure:	<input type="radio"/> Primary Non-Function <input type="radio"/> Acute Rejection <input type="radio"/> Chronic Rejection/Atherosclerosis <input type="radio"/> Other, Specify
Specify:	<input type="text"/>
PostTransplant Titer Information:	
Most Recent Anti-A Titer: <input type="text"/>	Sample Date: <input type="text"/>
Most Recent Anti-B Titer: <input type="text"/>	Sample Date: <input type="text"/>
Events Prior to Discharge:	
Stroke:*	<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
Ventilator Support:*	<input type="radio"/> No <input type="radio"/> Ventilator support for <= 48 hours <input type="radio"/> Ventilator support for >48 hours but < 5 days <input type="radio"/> Ventilator support >= 5 days <input type="radio"/> Ventilator support, duration unknown <input type="radio"/> Unknown Status

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

Definitions Of Immunosuppressive Medications

For each of the immunosuppressive medications listed, select **Ind** (Induction), **Maint** (Maintenance) or **AR** (Anti-rejection) to indicate all medications that were prescribed for the recipient during the initial transplant hospitalization period, and for what reason. If a medication was not given, leave the associated box(es) blank.

Induction (Ind) immunosuppression includes all medications given for a short finite period in the perioperative period for the purpose of preventing acute rejection. Though the drugs may be continued after discharge for the first 30 days after transplant, it will not be used long-term for immunosuppressive maintenance. Induction agents are usually polyclonal, monoclonal, or IL-2 receptor antibodies (example: methylprednisolone, Campath, Thymoglobulin, or Simulect). Some of these drugs might be used for another finite period for rejection therapy and would be recorded as anti-rejection therapy if used for this reason. For each induction medication indicated, write the total number of days the drug was actually administered in the space provided. For example, if Simulect was given in 2 doses a week apart then the total number of days would be 2, even if the second dose was given after the patient was discharged.

Maintenance (Maint) includes all immunosuppressive medications given before, during or after transplant with the intention to maintain them long-term (example: prednisone, cyclosporine, tacrolimus, mycophenolate mofetil, azathioprine, or Rapamune). This does not include any immunosuppressive medications given to treat rejection episodes, or for induction.

Anti-rejection (AR) immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode during the initial post-transplant period or during a specific follow-up period, usually up to 30 days after the diagnosis of acute rejection (example: methylprednisolone, or Thymoglobulin). When switching maintenance drugs (example: from tacrolimus to cyclosporine; or from mycophenolate mofetil to azathioprine) because of rejection, the drugs should not be listed under AR immunosuppression, but should be listed under maintenance immunosuppression.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Ind, Maint, or AR next to Other Immunosuppressive Medication field, and enter the full name of the medication in the space provided. **Do not list non-immunosuppressive medications.**

Drug used for induction, acute rejection, or maintenance

	Ind.	Days	ST	Maint	AR
Steroids (prednisone, methylprednisolone, Solumedrol, Medrol)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
Cytoxan (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"/>

Candidate Name: DOB:

- 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"/>