| ORGAN | SECTION                  | FIELD             | MODIFICATION/ADDITION   | RATIONALE |
|-------|--------------------------|-------------------|---|-----------|
| All   | Candidate<br>Information | Physical Capacity | <ul> <li>For pediatric patients replace with:<br/>Cognitive Development with choices:</li> <li>Definite Cognitive<br/>delay/impairment (verified by IQ<br/>score &lt;70 or unambiguous<br/>behavioral observation)</li> <li>Probable Cognitive<br/>delay/impairment (not verified or<br/>unambiguous but more likely than<br/>not, based on behavioral<br/>observation or other evidence)</li> <li>Questionable Cognitive<br/>delay/impairment (not judged to be<br/>more likely than not, but with<br/>some indication of cognitive<br/>delay/impairment such as<br/>expressive/receptive language<br/>and/or learning difficulties)</li> <li>No Cognitive delay/impairment<br/>(no obvious indicators of cognitive<br/>delay/impairment)</li> <li>Not Assessed</li> </ul> |           |

-1

| ORGAN | SECTION                               | FIELD                                    | MODIFICATION/ADDITION  | RATIONALE   |
|-------|---------------------------------------|--|--|---|
|       |                                       | Physical Capacity                        | <ul> <li>For pediatric patients replace with:<br/>Motor Development with choices:</li> <li>Definite Motor delay/impairment<br/>(verified by physical exam or<br/>unambiguous behavioral<br/>observation)</li> <li>Probable Motor delay/impairment<br/>(not verified or unambiguous but<br/>more likely than not, based on<br/>behaviors observation or other<br/>evidence)</li> <li>Questionable Motor<br/>delay/impairment (not judged to be<br/>more likely than not, but with<br/>some indications of motor<br/>delay/impairment)</li> <li>No Motor delay/impairment (no<br/>obvious indicators of motor<br/>delay/impairment)</li> <li>Not Assessed</li> </ul> | Additional data necessary to develop transplant policies. |
| All   | Clinical<br>Information at<br>Listing | New                                      | For pediatric candidates add Date of<br>Measurement for Height and Weight.   | Additional data necessary to develop transplant policies. |
| All   | Candidate<br>Information              | Is patient waiting in permanent ZIP code | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
| All   |                                       | Medical condition at time of listing     | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
| All   |                                       | Physical Capacity                        | This question will be optional for adult candidates.   | No longer necessary.                                      |

| ORGAN  | SECTION                               | FIELD                                     | MODIFICATION/ADDITION   | RATIONALE   |
|--------|---------------------------------------|---|---|---|
| All    |                                       | Reason not working for income             | This question will be optional for adult candidates.  | No longer necessary.                                      |
| All    |                                       | Work status if working for income         | This question will be optional for adult candidates.  | No longer necessary.                                      |
| All    |                                       | Previous pancreas islet infusion          | This question will be optional for pediatric candidates.  | Not a common procedure in pediatric patients.             |
| All    |                                       | Secondary source of payment               | This question will be optional for adult and pediatric candidates.  | No longer necessary.                                      |
| All    | General Medical<br>Factors            | Peptic Ulcer                              | This question will be optional for adult and pediatric candidates.  | No longer necessary.                                      |
| All    |                                       | Angina                                    | This question will be optional for adult and pediatric candidates.  | No longer necessary.                                      |
| All    |                                       | Drug treated<br>systemic<br>hypertension  | This question will be optional for adult and pediatric candidates.  | No longer necessary.                                      |
| Kidney | Candidate<br>Information              | Academic activity<br>level                | For pediatric candidates add an option<br>to pick list Unable to participate<br>regularly in academics due to dialysis. | Additional data necessary to develop transplant policies. |
|        | Clinical<br>Information at<br>Listing | New                                       | For pediatric candidates add<br>Is growth hormone therapy used at the<br>time of listing: Yes/No/Unknown                | Additional data necessary to develop transplant policies. |
|        | General Medical<br>Factors            | Dialysis                                  | This question will be optional for adult and pediatric candidates.  | No longer necessary.                                      |
|        |                                       | Symptomatic<br>cerebrovascular<br>disease | This question will be optional for adult and pediatric candidates.  | No longer necessary.                                      |

| ORGAN    | SECTION                    | FIELD   | MODIFICATION/ADDITION  | RATIONALE   |
|----------|----------------------------|---|--|---|
|          |                            | Symptomatic<br>peripheral vascular<br>disease | This question will be optional for pediatric candidates.   | No longer necessary.                                      |
|          |                            | Drug treated COPD                             | This question will be optional for pediatric candidates.   | No longer necessary.                                      |
|          |                            | Most recent serum creatinine                  | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
|          | Kidney Medical<br>Factors  | New   | <ul> <li>For pediatric candidates add<br/>Bone Disease (check all that apply)</li> <li>Fracture in the past year:<br/>Yes/No/Unknown <ul> <li>Specify location and<br/>number of fractures:</li> <li>Spine-compression, #</li> <li>Extremity, #</li> <li>Other, #</li> </ul> </li> <li>AVN (avascular necrosis):<br/>Yes/No/Unknown</li> </ul> | Additional data necessary to develop transplant policies. |
| Pancreas | General Medical<br>Factors | Dialysis                                      | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
|          |                            | Symptomatic<br>cerebrovascular<br>disease     | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
|          |                            | Symptomatic<br>peripheral vascular<br>disease | This question will be optional for pediatric candidates.   | No longer necessary.                                      |
|          |                            | Drug treated COPD                             | This question will be optional for pediatric candidates.   | No longer necessary.                                      |

| ORGAN           | SECTION                               | FIELD   | MODIFICATION/ADDITION  | RATIONALE   |
|-----------------|---------------------------------------|---|--|---|
|                 |                                       | Most recent serum creatinine                  | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
| Kidney/Pancreas | Candidate<br>Information              | Academic activity<br>level                    | For pediatric candidates add an option<br>to pick list Unable to participate<br>regularly in academics due to dialysis.  | Additional data necessary to develop transplant policies. |
|                 | Clinical<br>Information at<br>Listing | New   | For pediatric candidates add<br>Is growth hormone therapy used at the<br>time of listing: Yes/No/Unknown   | Additional data necessary to develop transplant policies. |
|                 | General Medical<br>Factors            | Dialysis                                      | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
|                 |                                       | Symptomatic<br>cerebrovascular<br>disease     | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
|                 |                                       | Symptomatic<br>peripheral vascular<br>disease | This question will be optional for pediatric candidates.   | No longer necessary.                                      |
|                 |                                       | Drug treated COPD                             | This question will be optional for pediatric candidates.   | No longer necessary.                                      |
|                 | Kidney/Pancreas<br>Medical Factors    | New   | <ul> <li>For pediatric candidates add<br/>Bone Disease (check all that apply)</li> <li>Fracture in the past year:<br/>Yes/No/Unknown <ul> <li>Specify location and<br/>number of fractures:</li> <li>Spine-compression, #</li> <li>Extremity, #</li> <li>Other, #</li> </ul> </li> <li>AVN (avascular necrosis):<br/>Yes/No/Unknown</li> </ul> | Additional data necessary to develop transplant policies. |

Page 5 of 16 4/2/2007

| ORGAN     | SECT               | FION    | FIELD   | MODIFICATION/ADDITION  | RATIONALE   |
|-----------|--------------------|---------|---|--|---|
| Liver     | General<br>Factors | Medical | Dialysis                                      | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
|           |                    |         | Symptomatic<br>cerebrovascular<br>disease     | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
|           |                    |         | Symptomatic<br>peripheral vascular<br>disease | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
|           |                    |         | Drug treated COPD                             | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
|           |                    |         | Pulmonary<br>embolism                         | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
|           |                    |         | Any previous malignancy type                  | For pediatric candidates add options to<br>the pick list for Hepatoblastoma and<br>Hepatocellular Carcinoma. | Additional data necessary to develop transplant policies. |
|           |                    |         | Most recent serum creatinine                  | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
|           | Liver<br>Factors   | Medical | Variceal bleeding with last two weeks.        | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
| Intestine | General<br>Factors | Medical | Dialysis                                      | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
|           |                    |         | Secondary diagnosis                           | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |
|           |                    |         | Symptomatic<br>cerebrovascular<br>disease     | This question will be optional for adult and pediatric candidates.   | No longer necessary.                                      |

| ORGAN | SECTION                      | FIELD   | MODIFICATION/ADDITION   | RATIONALE   |
|-------|------------------------------|---|---|---|
|       |                              | Symptomatic<br>peripheral vascular<br>disease | This question will be optional for adult and pediatric candidates.  | No longer necessary.                                      |
|       |                              | Drug treated COPD                             | This question will be optional for adult and pediatric candidates.  | No longer necessary.                                      |
|       |                              | Pulmonary<br>embolism                         | This question will be optional for adult and pediatric candidates.  | No longer necessary.                                      |
|       |                              | Any previous malignancy type                  | For pediatric candidates add options to<br>the pick list for Hepatoblastoma and<br>Hepatocellular Carcinoma.  | Additional data necessary to develop transplant policies. |
|       |                              | Most recent serum creatinine                  | This question will be optional for adult and pediatric candidates.  | No longer necessary.                                      |
|       |                              | Total serum albumin                           | This question will be optional for adult and pediatric candidates.  | No longer necessary.                                      |
|       | Intestine Medical<br>Factors | Exhausted vascular<br>access                  | This question will be optional for adult<br>candidates.<br>For pediatric candidates this question<br>will be modified to: Loss of 2 or more<br>vascular access sites. | No longer necessary.                                      |
|       |                              | Liver dysfunction                             | This question will be optional for adult<br>candidates.<br>For pediatric candidates replace with<br>Total Bilirubin.  | Additional data necessary to develop transplant policies. |
|       |                              | Intestine neoplasm                            | This question will be optional for adult and pediatric candidates.  | No longer necessary.                                      |
|       |                              | History of portal vein thrombosis             | This question will be optional for adult<br>candidates.<br>Modify to History of portomesenteric<br>vein thrombosis.   | Clarify information already presented.                    |

| ORGAN | SECTION                    | FIELD   | MODIFICATION/ADDITION   | RATIONALE   |
|-------|----------------------------|---|---|---|
|       |                            | History of TIPSS                              | This question will be optional for adult and pediatric candidates.                        | No longer necessary.                                      |
|       |                            | New   | For pediatric candidates add Variceal<br>bleeding in the last 2 weeks:<br>Yes/No/Unknown. | Additional data necessary to develop transplant policies. |
|       |                            | New   | For pediatric candidates add Recurrent sepsis: Yes/No/Unknown.                            | Additional data necessary to develop transplant policies. |
|       |                            | New   | For pediatric candidates add Fungal sepsis: Yes/No/Unknown.                               | Additional data necessary to develop transplant policies. |
|       |                            | New   | For pediatric candidates add<br>Unmanageable fluid-electrolyte losses:<br>Yes/No/Unknown. | Additional data necessary to develop transplant policies. |
|       |                            | New   | For pediatric candidates add "Non-<br>reconstructible" GI tract:<br>Yes/No/Unknown.       | Additional data necessary to develop transplant policies. |
| Heart | General Medical<br>Factors | Symptomatic<br>peripheral vascular<br>disease | This question will be optional for adult and pediatric candidates.                        | No longer necessary.                                      |
|       |                            | Drug treated COPD                             | This question will be optional for adult and pediatric candidates.                        | No longer necessary.                                      |
|       |                            | Pulmonary<br>embolism                         | This question will be optional for adult and pediatric candidates.                        | No longer necessary.                                      |
|       |                            | Any previous<br>transfusions                  | This question will be optional for adult and pediatric candidates.                        | No longer necessary.                                      |
|       |                            | Total serum albumin                           | This question will be optional for adult candidates.                                      | No longer necessary.                                      |
|       | Heart Medical<br>Factors   | Sudden death                                  | This question will be optional for adult candidates.                                      | No longer necessary.                                      |

| ORGAN | SECTION | FIELD  | MODIFICATION/ADDITION  | RATIONALE            |
|-------|---------|--|--|----------------------|
|       |         | Antiarrhythmics  | This question will be optional for adult and pediatric candidates. | No longer necessary. |
|       |         | Amiodarone   | This question will be optional for adult and pediatric candidates. | No longer necessary. |
|       |         | Infection requiring<br>IV drug therapy<br>within 2/wks prior<br>to listing | This question will be optional for adult and pediatric candidates. | No longer necessary. |
|       |         | History of cigarette<br>use – pack years                                   | This question will be optional for adult and pediatric candidates. | No longer necessary. |
|       |         | Other tobacco use  | This question will be optional for adult and pediatric candidates. | No longer necessary. |

Page 9 of 16 4/2/2007

| ORGAN | SECTION | FIELD   | MODIFICATION/ADDITION   | RATIONALE   |
|-------|---------|---|---|---|
|       |         | Prior cardiac surgery<br>(nontransplant)<br>check all that apply<br>Prior lung surgery<br>(nontransplant)<br>check all that apply | <ul> <li>For pediatric candidates replace</li> <li>CABG</li> <li>Valve Replacement/Repair</li> <li>Congenital</li> <li>Left Ventricular Remodeling</li> <li>Other, specify</li> <li>Pneumoreduction</li> <li>Pneumothorax Surgery-Nodule</li> <li>Pneumothorax Decortication</li> <li>Lobectomy</li> <li>Pneumonectomy</li> <li>Left Thoracotomy</li> <li>Right Thoracotomy</li> <li>Other, specify</li> <li>With Prior thoracic surgery other than previous transplant:</li> <li>If yes, number of prior sternotomies</li> <li>If yes, number of prior thoracotomies</li> <li>AND Add</li> <li>Prior congenital cardiac surgery: Yes/No/Unknown</li> <li>If yes, corrective surgery: Yes/No/Unknown</li> </ul> | Additional data necessary to develop transplant policies<br>and to determine member specific performance. |
|       |         | Prior lung surgery<br>(nontransplant)<br>check all that apply   | This question will be optional for adult candidates.  | No longer necessary.  |

| ORGAN      | SECTION                    | FIELD  | MODIFICATION/ADDITION  | RATIONALE   |
|------------|----------------------------|--|--|---|
| Heart/Lung | Candidate<br>Information   | Life Support   | For pediatric candidates add and option to the pick list for IV Inotropes. | Additional data necessary to develop transplant policies. |
|            | General Medical<br>Factors | Dialysis   | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|            |                            | Symptomatic<br>cerebrovascular<br>disease                                  | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|            |                            | Symptomatic<br>peripheral vascular<br>disease                              | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|            |                            | Drug treated COPD  | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|            |                            | Pulmonary<br>embolism  | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|            |                            | Most recent serum creatinine   | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|            |                            | Total serum albumin  | This question will be optional for adult candidates.                       | No longer necessary.                                      |
|            | Heart Medical<br>Factors   | Sudden death   | This question will be optional for adult candidates.                       | No longer necessary.                                      |
|            |                            | Antiarrhythmics  | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|            |                            | Amiodarone   | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|            |                            | Infection requiring<br>IV drug therapy<br>within 2/wks prior<br>to listing | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |

| ORGAN | SECTION                       | FIELD   | MODIFICATION/ADDITION   | RATIONALE            |
|-------|-------------------------------|---|---|----------------------|
|       | Lung Medical<br>Factors       | FVC   | This question will be optional for adult and pediatric candidates.    | No longer necessary. |
|       |                               | FeV1  | This question will be optional for adult and pediatric candidates.    | No longer necessary. |
|       |                               | pCO2  | This question will be optional for adult and pediatric candidates.    | No longer necessary. |
|       |                               | FeV1(L)/FVC(L)  | This question will be optional for adult and pediatric candidates.    | No longer necessary. |
|       |                               | O2 requirement at rest  | This question will be optional for adult and pediatric candidates.    | No longer necessary. |
|       |                               | IV treated<br>pulmonary sepsis<br>episode >= 2 in last<br>12 months | This question will be optional for adult<br>and pediatric candidates. | No longer necessary. |
|       |                               | Corticosteroid<br>dependency >=<br>5mg/day                          | This question will be optional for adult and pediatric candidates.    | No longer necessary. |
|       |                               | Six minute walk distance  | This question will be optional for adult and pediatric candidates.    | No longer necessary. |
|       | Heart/Lung<br>Medical Factors | History of cigarette<br>use – pack years                            | This question will be optional for adult and pediatric candidates.    | No longer necessary. |
|       |                               | Other tobacco use   | This question will be optional for adult and pediatric candidates.    | No longer necessary. |

| ORGAN | SECTION | FIELD   | MODIFICATION/ADDITION   | RATIONALE   |
|-------|---------|---|---|---|
|       |         | Prior cardiac surgery<br>(nontransplant)<br>check all that apply<br>Prior lung surgery<br>(nontransplant)<br>check all that apply | <ul> <li>For pediatric candidates replace</li> <li>CABG</li> <li>Valve Replacement/Repair</li> <li>Congenital</li> <li>Left Ventricular Remodeling</li> <li>Other, specify</li> <li>Pneumoreduction</li> <li>Pneumothorax Surgery-Nodule</li> <li>Pneumothorax Decortication</li> <li>Lobectomy</li> <li>Pneumonectomy</li> <li>Left Thoracotomy</li> <li>Right Thoracotomy</li> <li>Other, specify</li> <li>With Prior thoracic surgery other than previous transplant:</li> <li>If yes, number of prior sternotomies</li> <li>If yes, number of prior thoracotomies</li> <li>AND Add</li> <li>Prior congenital cardiac surgery: Yes/No/Unknown</li> <li>If yes, corrective surgery: Yes/No/Unknown</li> </ul> | Additional data necessary to develop transplant policies<br>and to determine member specific performance. |
|       |         | Prior lung surgery<br>(nontransplant)<br>check all that apply   | This question will be optional for adult candidates.  | No longer necessary.  |

| ORGAN | SECTION                    | FIELD   | MODIFICATION/ADDITION  | RATIONALE   |
|-------|----------------------------|---|--|---|
| Lung  | Candidate<br>Information   | Life Support  | For pediatric candidates add and option to the pick list for IV Inotropes. | Additional data necessary to develop transplant policies. |
|       | General Medical<br>Factors | Dialysis  | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|       |                            | Symptomatic<br>cerebrovascular<br>disease                           | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|       |                            | Symptomatic<br>peripheral vascular<br>disease                       | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|       |                            | Most recent serum creatinine  | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|       |                            | Total serum albumin   | This question will be optional for adult candidates.                       | No longer necessary.                                      |
|       | Lung Medical<br>Factors    | FVC   | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|       |                            | FeV1  | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|       |                            | pCO2  | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|       |                            | FeV1(L)/FVC(L)  | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|       |                            | O2 requirement at rest  | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|       |                            | IV treated<br>pulmonary sepsis<br>episode >= 2 in last<br>12 months | This question will be optional for adult<br>and pediatric candidates.      | No longer necessary.                                      |

| ORGAN | SECTION                       | FIELD  | MODIFICATION/ADDITION   | RATIONALE            |
|-------|-------------------------------|--|---|----------------------|
|       |                               | Corticosteroid<br>dependency >=<br>5mg/day                                 | This question will be optional for adult and pediatric candidates.    | No longer necessary. |
|       |                               | Six minute walk distance   | This question will be optional for adult and pediatric candidates.    | No longer necessary. |
|       |                               | Infection requiring<br>IV drug therapy<br>within 2/wks prior<br>to listing | This question will be optional for adult<br>and pediatric candidates. | No longer necessary. |
|       | Heart/Lung<br>Medical Factors | History of cigarette<br>use – pack years                                   | This question will be optional for adult and pediatric candidates.    | No longer necessary. |
|       |                               | Other tobacco use  | This question will be optional for adult and pediatric candidates.    | No longer necessary. |

| ORGAN | SECTION | FIELD   | MODIFICATION/ADDITION   | RATIONALE   |
|-------|---------|---|---|---|
|       |         | Prior cardiac surgery<br>(nontransplant)<br>check all that apply<br>Prior lung surgery<br>(nontransplant)<br>check all that apply | <ul> <li>For pediatric candidates replace</li> <li>CABG</li> <li>Valve Replacement/Repair</li> <li>Congenital</li> <li>Left Ventricular Remodeling</li> <li>Other, specify</li> <li>Pneumoreduction</li> <li>Pneumothorax Surgery-Nodule</li> <li>Pneumothorax Decortication</li> <li>Lobectomy</li> <li>Pneumonectomy</li> <li>Left Thoracotomy</li> <li>Right Thoracotomy</li> <li>Other, specify</li> <li>With Prior thoracic surgery other than previous transplant:</li> <li>If yes, number of prior sternotomies</li> <li>If yes, number of prior thoracotomies</li> <li>AND Add</li> <li>Prior congenital cardiac surgery: Yes/No/Unknown</li> <li>If yes, corrective surgery: Yes/No/Unknown</li> </ul> | Additional data necessary to develop transplant policies<br>and to determine member specific performance. |
|       |         | Prior lung surgery<br>(nontransplant)<br>check all that apply   | This question will be optional for adult candidates.  | No longer necessary.  |