

## 2007 Transplant Candidate Registration Changes for OMB Clearance

| ORGAN | SECTION               | FIELD             | MODIFICATION/ADDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RATIONALE                                                 |
|-------|-----------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| All   | Candidate Information | Physical Capacity | <p>For pediatric patients replace with:<br/>Cognitive Development with choices:</p> <ul style="list-style-type: none"> <li>• Definite Cognitive delay/impairment (verified by IQ score &lt;70 or unambiguous behavioral observation)</li> <li>• Probable Cognitive delay/impairment (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence)</li> <li>• Questionable Cognitive delay/impairment (not judged to be more likely than not, but with some indication of cognitive delay/impairment such as expressive/receptive language and/or learning difficulties)</li> <li>• No Cognitive delay/impairment (no obvious indicators of cognitive delay/impairment)</li> <li>• Not Assessed</li> </ul> | Additional data necessary to develop transplant policies. |

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|-------|---------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
|       |                                 | Physical Capacity                        | For pediatric patients replace with:<br>Motor Development with choices: <ul style="list-style-type: none"> <li>Definite Motor delay/impairment (verified by physical exam or unambiguous behavioral observation)</li> <li>Probable Motor delay/impairment (not verified or unambiguous but more likely than not, based on behaviors observation or other evidence)</li> <li>Questionable Motor delay/impairment (not judged to be more likely than not, but with some indications of motor delay/impairment)</li> <li>No Motor delay/impairment (no obvious indicators of motor delay/impairment)</li> <li>Not Assessed</li> </ul> | Additional data necessary to develop transplant policies. |
| All   | Clinical Information at Listing | New                                      | For pediatric candidates add Date of Measurement for Height and Weight.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Additional data necessary to develop transplant policies. |
| All   | Candidate 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.                                      |

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|--------|---------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 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 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 systemic hypertension  | This question will be optional for adult and pediatric candidates.                                                | No longer necessary.                                      |
| Kidney | Candidate Information           | Academic activity level             | For pediatric candidates add an option to pick list Unable to participate regularly in academics due to dialysis. | Additional data necessary to develop transplant policies. |
|        | Clinical Information at Listing | New                                 | For pediatric candidates add Is growth hormone therapy used at the time of listing: Yes/No/Unknown                | Additional data necessary to develop transplant policies. |
|        | General Medical Factors         | Dialysis                            | This question will be optional for adult and pediatric candidates.                                                | No longer necessary.                                      |
|        |                                 | Symptomatic cerebrovascular disease | This question will be optional for adult and pediatric candidates.                                                | No longer necessary.                                      |

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|          |                         | Symptomatic peripheral vascular 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 Factors  | New                                     | <p>For pediatric candidates add Bone Disease (check all that apply)</p> <ul style="list-style-type: none"> <li>• Fracture in the past year:<br/>Yes/No/Unknown <ul style="list-style-type: none"> <li>o Specify location and number of fractures:</li> <li>o Spine-compression, #</li> <li>o Extremity, #</li> <li>o Other, #</li> </ul> </li> <li>• AVN (avascular necrosis):<br/>Yes/No/Unknown</li> </ul> | Additional data necessary to develop transplant policies. |
| Pancreas | General Medical Factors | Dialysis                                | This question will be optional for adult and pediatric candidates.                                                                                                                                                                                                                                                                                                                                           | No longer necessary.                                      |
|          |                         | Symptomatic cerebrovascular disease     | This question will be optional for adult and pediatric candidates.                                                                                                                                                                                                                                                                                                                                           | No longer necessary.                                      |
|          |                         | Symptomatic peripheral vascular 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.                                      |

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|-----------------|---------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
|                 |                                 | Most recent serum creatinine            | This question will be optional for adult and pediatric candidates.                                                                                                                                                                                                                                                                                                                            | No longer necessary.                                      |
| Kidney/Pancreas | Candidate Information           | Academic activity level                 | For pediatric candidates add an option to pick list Unable to participate regularly in academics due to dialysis.                                                                                                                                                                                                                                                                             | Additional data necessary to develop transplant policies. |
|                 | Clinical Information at Listing | New                                     | For pediatric candidates add Is growth hormone therapy used at the time of listing: Yes/No/Unknown                                                                                                                                                                                                                                                                                            | Additional data necessary to develop transplant policies. |
|                 | General Medical Factors         | Dialysis                                | This question will be optional for adult and pediatric candidates.                                                                                                                                                                                                                                                                                                                            | No longer necessary.                                      |
|                 |                                 | Symptomatic cerebrovascular disease     | This question will be optional for adult and pediatric candidates.                                                                                                                                                                                                                                                                                                                            | No longer necessary.                                      |
|                 |                                 | Symptomatic peripheral vascular 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 Medical Factors | New                                     | For pediatric candidates add Bone Disease (check all that apply) <ul style="list-style-type: none"> <li>• Fracture in the past year: Yes/No/Unknown <ul style="list-style-type: none"> <li>o Specify location and number of fractures:</li> <li>o Spine-compression, #</li> <li>o Extremity, #</li> <li>o Other, #</li> </ul> </li> <li>• AVN (avascular necrosis): Yes/No/Unknown</li> </ul> | Additional data necessary to develop transplant policies. |

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| Liver     | General Medical Factors | Dialysis                                | This question will be optional for adult and pediatric candidates.                                     | No longer necessary.                                      |
|           |                         | Symptomatic cerebrovascular disease     | This question will be optional for adult and pediatric candidates.                                     | No longer necessary.                                      |
|           |                         | Symptomatic peripheral vascular 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 embolism                      | This question will be optional for adult and pediatric candidates.                                     | No longer necessary.                                      |
|           |                         | Any previous malignancy type            | For pediatric candidates add options to the pick list for Hepatoblastoma and 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 Medical Factors   | Variceal bleeding with last two weeks.  | This question will be optional for adult and pediatric candidates.                                     | No longer necessary.                                      |
| Intestine | General Medical Factors | 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 cerebrovascular disease     | This question will be optional for adult and pediatric candidates.                                     | No longer necessary.                                      |

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|-------|---------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
|       |                           | Symptomatic peripheral vascular 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 embolism                      | This question will be optional for adult and pediatric candidates.                                                                                           | No longer necessary.                                      |
|       |                           | Any previous malignancy type            | For pediatric candidates add options to the pick list for Hepatoblastoma and 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 Factors | Exhausted vascular access               | This question will be optional for adult candidates.<br>For pediatric candidates this question will be modified to: Loss of 2 or more vascular access sites. | No longer necessary.                                      |
|       |                           | Liver dysfunction                       | This question will be optional for adult candidates.<br>For pediatric candidates replace with 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 candidates.<br>Modify to History of portomesenteric vein thrombosis.                                                | Clarify information already presented.                    |

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|       |                         | History of TIPSS                        | This question will be optional for adult and pediatric candidates.                  | No longer necessary.                                      |
|       |                         | New                                     | For pediatric candidates add Variceal bleeding in the last 2 weeks: 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 Unmanageable fluid-electrolyte losses: Yes/No/Unknown. | Additional data necessary to develop transplant policies. |
|       |                         | New                                     | For pediatric candidates add “Non-reconstructible” GI tract: Yes/No/Unknown.        | Additional data necessary to develop transplant policies. |
| Heart | General Medical Factors | Symptomatic peripheral vascular 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 embolism                      | This question will be optional for adult and pediatric candidates.                  | No longer necessary.                                      |
|       |                         | Any previous 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 Factors   | Sudden death                            | This question will be optional for adult candidates.                                | No longer necessary.                                      |

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|-------|---------|-------------------------------------------------------------------|--------------------------------------------------------------------|----------------------|
|       |         | 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 IV drug therapy within 2/wks prior to listing | This question will be optional for adult and pediatric candidates. | No longer necessary. |
|       |         | History of cigarette 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. |

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|-------|---------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
|       |         | Prior cardiac surgery (nontransplant)<br>check all that apply<br>Prior lung surgery (nontransplant)<br>check all that apply | For pediatric candidates replace <ul style="list-style-type: none"> <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> </ul> With Prior thoracic surgery other than previous transplant: <ul style="list-style-type: none"> <li>• If yes, number of prior sternotomies</li> <li>• If yes, number of prior thoracotomies</li> </ul> AND Add<br>Prior congenital cardiac surgery:<br>Yes/No/Unknown <ul style="list-style-type: none"> <li>• If yes, palliative surgery:<br/>Yes/No/Unknown</li> </ul> If yes, corrective surgery:<br>Yes/No/Unknown | Additional data necessary to develop transplant policies and to determine member specific performance. |
|       |         | Prior lung surgery (nontransplant)<br>check all that apply                                                                  | This question will be optional for adult candidates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No longer necessary.                                                                                   |

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|------------|-------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|
| Heart/Lung | Candidate 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 Factors | Dialysis                                                          | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|            |                         | Symptomatic cerebrovascular disease                               | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|            |                         | Symptomatic peripheral vascular 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 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 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 IV drug therapy within 2/wks prior to listing | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |

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|       | Lung Medical 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 pulmonary sepsis episode >= 2 in last 12 months | This question will be optional for adult and pediatric candidates. | No longer necessary. |
|       |                            | Corticosteroid dependency >= 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 Medical Factors | History of cigarette 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. |

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|-------|---------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|       |         | <p>Prior cardiac surgery (nontransplant)<br/>check all that apply</p> <p>Prior lung surgery (nontransplant)<br/>check all that apply</p> | <p>For pediatric candidates replace</p> <ul style="list-style-type: none"> <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> </ul> <p>With Prior thoracic surgery other than previous transplant:</p> <ul style="list-style-type: none"> <li>• If yes, number of prior sternotomies</li> <li>• If yes, number of prior thoracotomies</li> </ul> <p>AND Add</p> <p>Prior congenital cardiac surgery:<br/>Yes/No/Unknown</p> <ul style="list-style-type: none"> <li>• If yes, palliative surgery:<br/>Yes/No/Unknown</li> </ul> <p>If yes, corrective surgery:<br/>Yes/No/Unknown</p> | <p>Additional data necessary to develop transplant policies and to determine member specific performance.</p> |
|       |         | <p>Prior lung surgery (nontransplant)<br/>check all that apply</p>                                                                       | <p>This question will be optional for adult candidates.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>No longer necessary.</p>                                                                                   |

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|-------|-------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|
| Lung  | Candidate 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 Factors | Dialysis                                                       | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|       |                         | Symptomatic cerebrovascular disease                            | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |
|       |                         | Symptomatic peripheral vascular 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 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 pulmonary sepsis episode $\geq 2$ in last 12 months | This question will be optional for adult and pediatric candidates.         | No longer necessary.                                      |

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|       |                            | Corticosteroid dependency $\geq$ 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 IV drug therapy within 2/wks prior to listing | This question will be optional for adult and pediatric candidates. | No longer necessary. |
|       | Heart/Lung Medical Factors | History of cigarette 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. |

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|-------|---------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
|       |         | Prior cardiac surgery (nontransplant)<br>check all that apply<br>Prior lung surgery (nontransplant)<br>check all that apply | For pediatric candidates replace <ul style="list-style-type: none"> <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> </ul> With Prior thoracic surgery other than previous transplant: <ul style="list-style-type: none"> <li>• If yes, number of prior sternotomies</li> <li>• If yes, number of prior thoracotomies</li> </ul> AND Add<br>Prior congenital cardiac surgery:<br>Yes/No/Unknown <ul style="list-style-type: none"> <li>• If yes, palliative surgery:<br/>               Yes/No/Unknown</li> </ul> If yes, corrective surgery:<br>Yes/No/Unknown | Additional data necessary to develop transplant policies and to determine member specific performance. |
|       |         | Prior lung surgery (nontransplant)<br>check all that apply                                                                  | This question will be optional for adult candidates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No longer necessary.                                                                                   |