

# Records

## Adult Lung Transplant Candidate Registration Worksheet

The revised worksheet sample is for reference purposes only and is pending OMB approval.

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI<sup>B</sup> 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<sup>B</sup> 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.

<b>Provider Information</b>
<b>Recipient Center:</b>

<b>Candidate Information</b>
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<b>Organ Registered:</b>	<b>Date of Listing or Add:</b>
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<b>Last Name:*</b>	<b>First Name:*</b>	<b>MI:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Previous Surname:</b>		
<input type="text"/>		
<b>SSN:</b>	<b>Gender:*</b>	<input type="radio"/> Male <input type="radio"/> Female
<b>HIC:</b>	<input type="text"/>	<b>DOB:*</b> <input type="text"/>

<b>State of Permanent Residence:*</b>	<input type="text"/>
<b>Permanent ZIP Code:*</b>	<input type="text"/> - <input type="text"/>
<b>Is Patient waiting in permanent ZIP code:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

<b>Ethnicity/Race:*</b> (select all origins that apply)	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian Indian/Indian Sub-Continent
<input type="checkbox"/> Eskimo	<input type="checkbox"/> Chinese
<input type="checkbox"/> Aleutian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Alaska Indian	<input type="checkbox"/> Japanese
<input type="checkbox"/> American Indian or Alaska Native: Other	<input type="checkbox"/> Korean
<input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Asian: Other
	<input type="checkbox"/> Asian: Not Specified/Unknown
<b>Black or African American</b>	<b>Hispanic/Latino</b>
<input type="checkbox"/> African American	<input type="checkbox"/> Mexican
<input type="checkbox"/> African (Continental)	<input type="checkbox"/> Puerto Rican (Mainland)
<input type="checkbox"/> West Indian	<input type="checkbox"/> Puerto Rican (Island)
<input type="checkbox"/> Haitian	<input type="checkbox"/> Cuban
<input type="checkbox"/> Black or African American: Other	<input type="checkbox"/> Hispanic/Latino: Other
<input type="checkbox"/> Black or African American: Not Specified/Unknown	<input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

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

White

- European Descent
- Arab or Middle Eastern
- North African (non-Black)
- White: Other
- White: Not Specified/Unknown

Citizenship: \*

- U.S. CITIZEN
- RESIDENT ALIEN
- NON-RESIDENT ALIEN, Year Entered US

Year of Entry to the U.S.

Highest Education Level: \*

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

Medical Condition at time of listing:

- IN INTENSIVE CARE UNIT
- HOSPITALIZED NOT IN ICU
- NOT HOSPITALIZED

Patient on Life Support: \*

- YES  NO

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

Specify:

Functional Status:\*

Physical Capacity:

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Not Applicable (< 1 year old or hospitalized)
- Unknown

Working for income:

- YES
- NO
- UNK

If No, Not Working Due To:

If Yes:

- Working Full Time
- Working Part Time due to Demands of Treatment
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Patient Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

Academic Progress:

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old
- Status Unknown

Academic Activity Level:

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old/ High School graduate
- Status Unknown

Previous Transplants:

Organ	Date	Graft Fail Date

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.

Previous Pancreas Islet Infusion: \*  YES  NO  UNK

Source of Payment:

Primary: \*

Specify:

Secondary:

Clinical Information: AT LISTING

Height: \*  ft.  in.  cm %ile ST=

Weight: \*  lbs  kg %ile ST=

BMI:  kg/m<sup>2</sup> %ile

ABO Blood Group:

Primary Diagnosis: \*

Specify:

General Medical Factors:

- Diabetes: \*
- No
  - Type I
  - Type II
  - Type Other
  - Type Unknown
  - Diabetes Status Unknown

- Dialysis:
- No dialysis
  - Hemodialysis
  - Peritoneal Dialysis
  - Dialysis Status Unknown
  - Dialysis-Unknown Type was performed

- Peptic Ulcer:
- No
  - Yes, active within the last year
  - Yes, not active within the last year
  - Unknown

Angina:

- No
- Yes, and documented Coronary Artery Disease
- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown
- Status Unknown

Drug Treated Systemic Hypertension:

- YES
- NO
- UNK

Symptomatic Cerebrovascular Disease:

- YES
- NO
- UNK

Symptomatic Peripheral Vascular Disease:

- YES
- NO
- UNK

Any previous Malignancy:\*

- YES
- NO
- UNK

Specify Type:

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

Specify:

Most Recent Serum Creatinine:

 mg/dl ST= 

Total Serum Albumin:

 g/dl ST= 

### Lung Medical Factors

Pulmonary Status:

FVC:

 %predicted

ST=

FeV1:

 %predicted

ST=

ST=

pCO<sub>2</sub>:

mm/Hg

ST=

FeV<sub>1</sub>(L)/FVC(L):

ST=

O<sub>2</sub> Requirement at Rest:

L/min

ST=

IV Treated Pulmonary Sepsis Episode  $\geq$  2 in last 12 months:

YES  NO  UNK

Corticosteroid Dependency  $\geq$  5mg/day:

YES  NO  UNK

Six minute walk distance:

# of feet

Pan-Resistant Bacterial Lung Infection: \*

YES  NO  UNK

Infection Requiring IV Drug Therapy within 2/wks prior to listing:

YES  NO  UNK

**Heart/Lung Medical Factors:**

Most Recent Hemodynamics:

Inotropes/Vasodilators:

PA (sys) mm/Hg: \*

ST=

YES  NO

PA (dia) mm/Hg: \*

ST=

YES  NO

PA (mean) mm/Hg: \*

ST=

YES  NO

PCW (mean) mm/Hg: \*

ST=

YES  NO

CO L/min: \*

ST=

YES  NO

History of Cigarette Use: \*

YES  NO

0-10

11-20

21-30

If Yes, Check # pack years:

31-40

41-50

>50

Duration of Abstinence:

- Unknown pack years
- 0-2 months
- 3-12 months
- 13-24 months
- 25-36 months
- 37-48 months
- 49-60 months
- >60 months
- Continues To Smoke
- Unknown duration

Other Tobacco Use:

- YES  NO  UNK

Prior Cardiac Surgery (non-transplant): \*

- YES  NO  UNK

If yes, check all that apply:

- CABG
- Valve Replacement/Repair
- Congenital
- Left Ventricular Remodeling
- Other, specify

Specify:

Prior Lung Surgery (non-transplant):

- YES  NO  UNK

If yes, check all that apply:

- Pneumoreduction
- Pneumothorax Surgery-Nodule
- Pneumothorax Decortication
- Lobectomy
- Pneumonectomy
- Left Thoracotomy
- Right Thoracotomy
- Other, specify

Specify: