

# Heart/Lung Transplant Candidate Registration (TCR) Record Field Descriptions

The Transplant Candidate Registration (TCR) record is generated when a candidate for transplant is added to the OPTN/UNOS waiting list. A TCR will also be generated in the case of a living donor transplant, where the recipient was not added to the Waitlist<sup>SM</sup>, and was added through the living donor feedback process.

If the candidate is already on the waiting list for a transplant, another TCR record will not be generated unless listed by a different center or for another organ type.

The TCR record must be completed within 30 days from the record generation date. See [OPTN/UNOS Policies](#) for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

To correct information that is already displayed on an electronic record, call the UNET Help Desk at 1-800-978-4334.

## Provider Information

**Recipient Center:** The recipient center will display. Verify that the transplant center name, center code, and the provider number, (6-character Medicare identification number of the hospital where the transplant recipient was transplanted) are correct.

## Candidate Information

**Organ Registered:** Verify the organ(s) displayed is/are the organ(s) listed for this candidate. If the candidate is listed for more than one type of transplant, both organs should be displayed. Separate records exist for certain multi-organ transplant candidates (e.g. Heart/Lung and Kidney/Pancreas).

**Date of Listing or Add:** The date the candidate was listed or added in Waitlist will display.

**Name:** The waitlisted candidate's last name, first name and middle initial will be displayed. If it is incorrect, corrections must be completed on the active waitlist. For a candidate who has been removed from the waitlist, the **Last Name**, **First Name** and **MI** fields will display. Corrections may be made directly in the record.

**Previous Surname:** If the candidate had a previous surname that is different from the Name entered, enter the previous surname.

**SSN:** Verify the candidate's social security number. If the information is incorrect and the candidate is waitlisted, contact the UNOS Organ Center at 1-800-292-9537.

**Gender:** Verify candidate's gender. If the gender is not displayed or is incorrect and the candidate is on the active waitlist, correction must be completed on the active waitlist record. If the candidate has been removed from the active waitlist, corrections may be made directly in the record.

**HIC:** Enter the 9 to 11 character Health Insurance Claim number for the candidate. If the candidate does not have a HIC number, you may leave this field blank.

**DOB:** Verify the displayed date is the candidate's date of birth. If the information is incorrect, correction must be completed on the active waitlist. If the candidate has been removed, reenter the correct date using the 8-digit numeric format of MM/DD/YYYY. Corrections may be made directly in the record.

**State of Permanent Residence:** Select the name of the state of the candidate's permanent address. ([List of State codes](#))

**Permanent Zip Code:** Enter the candidate's permanent zip code.

**Is Patient waiting in permanent ZIP code:** If the candidate is waiting in the permanent zip code, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

**Ethnicity/Race:** Select all origins that indicate the candidate's ethnicity/race. ([List of Ethnicity/Race Codes](#))

**American Indian or Alaska Native:** Select for candidates who are of North, South, or Central American descent (e.g. **American Indian, Eskimo, Aleutian, Alaska Indian**). If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **American Indian or Alaska Native: Other**. If unknown, select **American Indian or Alaska Native: Not Specified/Unknown**.

**Asian:** Select for candidates who are of Asian descent (e.g. **Asian Indian/Indian Sub-Continent, Chinese, Filipino, Japanese, Korean, Vietnamese**). If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **Asian: Other**. If unknown, select **Asian: Not Specified/Unknown**.

**Black or African American:** Select for candidates of African descent (e.g. **African American, African (Continental), West Indian, Haitian**). If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **Black or African American: Other**. If unknown, select **Black or African American: Not Specified/Unknown**.

**Hispanic/Latino:** Select for candidates who are of Central or South American descent (e.g. **Mexican, Puerto Rican (Mainland), Puerto Rican (Island), Cuban**). If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **Hispanic/Latino: Other**. If unknown, select **Hispanic/Latino: Not Specified/Unknown**.

**Native Hawaiian or Other Pacific Islander:** Select for candidates who are descendants of the **Native Hawaiian, Guamanian or Chamorro, or Samoan** peoples. If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **Native Hawaiian or Other Pacific Islander: Other**. If unknown, select **Native Hawaiian or Other Pacific Islander: Not Specified/Unknown**.

**White:** Select for candidates who are of **European Descent, Arab or Middle Eastern or North African (non-Black)**. If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **White: Other**. If unknown, select **White: Not Specified/Unknown**.

**Citizenship:** Select as appropriate to indicate the candidate's citizenship. ([List of Citizenship codes](#))

**U.S. Citizen:** Select if the candidate is a U.S. Citizen by birth or naturalization.

**Resident Alien:** Select if the candidate is a non-U.S. citizen currently residing in the United States (e.g., Permanent Resident, Conditional Resident, Returning Resident). A Permanent Resident is an individual residing in the U.S. under legally recognized and lawfully recorded residence as an immigrant. A Conditional Resident is any alien granted permanent resident status on a conditional basis (e.g., a spouse of a U.S. Citizen; an immigrant investor), who is required to petition for the removal of the set conditions before the second anniversary of the approval of the conditional status. A Returning Resident is any lawful permanent resident who has been outside the United States and is returning to the U.S., also defined as a "special immigrant".

**Non-Resident Alien/Year entered U.S.:** If the candidate is a Non-Resident Alien (Nonimmigrant), enter the year the candidate entered the United States. A Nonimmigrant is an alien who seeks temporary entry to the United States for a specific purpose. The alien must have a permanent residence abroad and qualify for the nonimmigrant classification sought. The nonimmigrant classifications include: foreign government officials, visitors for business and for pleasure, aliens in transit through the U.S., treaty traders and investors, students, international representatives, temporary workers and trainees, representatives of foreign information media, exchange visitors, fiance(e)s of U.S. citizens, intracompany transferees, NATO officials, religious workers, and some others. Most non-immigrants can be accompanied or joined by spouses and unmarried minor (or dependent) children.

**Note:** Permanent residence begins on the date the candidate was granted permanent resident status. This date is on the candidate's Permanent Resident Card (formerly known as

Alien Registration Card). To view a sample card, go to <http://www.greencard-us.org/images/greencard.gif>.

**Highest Education Level:** Select the choice which best describes the living donor's highest level of education. ([List of Education codes](#))

None  
Grade School (0-8)  
High School (9-12) or GED  
Attended College/Technical School  
Associate/Bachelor Degree  
Post-College Graduate Degree  
N/A (< 5 Yrs Old)  
Unknown

**Medical Condition at time of listing:** Select the choice that best describes the candidate's medical condition at the time of listing. (This field is optional.) ([List of Medical Condition codes](#))

In Intensive Care Unit  
Hospitalized Not in ICU  
Not Hospitalized

**Patient on Life Support:** If the candidate was on life support at the time of listing, select **Yes**. If not, select **No**. If **Yes**, select life support types that apply. If **Other Mechanism, Specify** is selected, enter the type of mechanism in the space provided.

Extra Corporeal Membrane Oxygenation  
Intra Aortic Balloon Pump  
Ventilator - Select only if the candidate was on continuous invasive ventilation.  
Prostacyclin Infusion  
Prostacyclin Inhalation  
Inhaled NO  
IV Inotropes (pediatric candidates only)  
Other Mechanism, Specify

**Patient on Ventricular Assist Device:** If the candidate was on a Ventricular Assist Device (VAD), select the type. If the candidate was not on a VAD, select **None**. ([List of Device Type codes](#))

If a VAD was indicated, select the brand of device that the candidate was on. If **LVAD+RVAD** was indicated, select the brand of device the candidate was on for both **LVAD** and **RVAD**. If **Other, Specify** is selected for one of the following, specify the name in the space provided.

**LVAD:** ([List of LVAD codes](#))

Abiomed AB5000  
Abiomed BVS 5000  
Berlin Heart EXCOR  
Biomedicus  
Cardiac Assist Tandem Heart  
Evaheart  
Heartmate II  
Heartmate XVE  
Heartsaver VAD  
Heartware HVAD  
Impella Recover 2.5  
Impella Recover 5.0  
Jarvik 2000  
Levitronix CentriMag  
Levitronix PediMag  
Maquet Josta Rotaflow  
Medos

MicroMed DeBakey  
MicroMed DeBakey - Child  
Terumo DuraHeart  
Thoratec IVAD  
Thoratec PVAD  
Toyobo  
Ventracor VentrAssist  
Worldheart Levacor  
Other, Specify

RVAD: ([List of RVAD codes](#))

Abiomed AB5000  
Abiomed BVS 5000  
Berlin Heart EXCOR  
Biomedicus  
Cardiac Assist Tandem Heart  
Evaheart  
Heartmate II  
Heartmate XVE  
Heartsaver VAD  
Heartware HVAD  
Impella Recover 2.5  
Impella Recover 5.0  
Jarvik 2000  
Levitronix CentriMag  
Levitronix PediMag  
Maquet Josta Rotaflow  
Medos  
MicroMed DeBakey  
MicroMed DeBakey - Child  
Terumo DuraHeart  
Thoratec IVAD  
Thoratec PVAD  
Toyobo  
Ventracor VentrAssist  
Worldheart Levacor  
Other, Specify

TAH: ([List of TAH codes](#))

AbioCor  
SynCardia CardioWest  
Other, Specify

LVAD + RVAD: ([List of LVAD codes](#)) ([List of RVAD codes](#))

**Functional Status:** Select the choice that best describes the candidate's functional status. ([List of Functional Status codes](#))

**Note:** The Karnofsky Index will display for adults aged 18 and older.

- 10% - Moribund, fatal processes progressing rapidly
- 20% - Very sick, hospitalization necessary: active treatment necessary
- 30% - Severely disabled: hospitalization is indicated, death not imminent
- 40% - Disabled: requires special care and assistance
- 50% - Requires considerable assistance and frequent medical care
- 60% - Requires occasional assistance but is able to care for needs
- 70% - Cares for self: unable to carry on normal activity or active work
- 80% - Normal activity with effort: some symptoms of disease

90% - Able to carry on normal activity: minor symptoms of disease  
100% - Normal, no complaints, no evidence of disease  
Unknown

**Note:** The Lansky Scale will display for pediatrics aged 1 to 17.

10% - No play; does not get out of bed  
20% - Often sleeping; play entirely limited to very passive activities  
30% - In bed; needs assistance even for quiet play  
40% - Mostly in bed; participates in quiet activities  
50% - Can dress but lies around much of day; no active play; can take part in quiet play/activities  
60% - Up and around, but minimal active play; keeps busy with quieter activities  
70% - Both greater restriction of and less time spent in play activity  
80% - Active, but tires more quickly  
90% - Minor restrictions in physically strenuous activity  
100% - Fully active, normal  
Not Applicable (patient < 1 year old)  
Unknown

**Note:** This evaluation should be in comparison to the person's normal function, indicating how the patient's disease has affected their normal function.

**Physical Capacity:** (Complete for candidates older than 18 years of age.) Select the choice that best describes the candidate's physical capacity at the time of listing. If the candidate's **Medical Condition** indicates they are hospitalized, select **Not Applicable (hospitalized)**. (This field is optional for **adult** candidates.) ([List of Physical Capacity codes](#))

**No Limitations**  
**Limited Mobility**  
**Wheelchair bound or more limited**  
**Not Applicable (hospitalized)**  
**Unknown**

**Physical Capacity** is the ability to perform bodily activities such as walking, dressing, bathing, grooming, etc.

**Cognitive Development:** (Complete for candidates 18 years of age or younger.) Select the choice that best describes the candidate's cognitive development at the time of listing. ([List of Cognitive Development codes](#))

**Definite Cognitive Delay/Impairment** (verified by IQ score <70 or unambiguous behavioral observation)

**Probable Cognitive Delay/Impairment** (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence)

**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)

**No Cognitive Delay/Impairment** (no obvious indicators of cognitive delay/impairment)

**Not Assessed**

**Motor Development:** (Complete for candidates 18 years of age or younger.) Select the choice that best describes the candidate's motor development at the time of listing. ([List of Motor Development codes](#))

**Definite Motor Delay/Impairment** (verified by physical exam or unambiguous behavioral observation)

**Probable Motor Delay/Impairment** (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence)

**Questionable Motor Delay/Impairment** (not judged to be more likely than not, but with some indication of motor delay/impairment)

**No Motor Delay/Impairment** (no obvious indicators of motor delay/impairment)

**Not Assessed**

**Working for income:** (Complete for candidates 19 years of age or older.) If the candidate is working for income, select **Yes**. If not, select **No**. If unknown, select **UNK**.

**If No, Not Working Due To: If No is selected, indicate the reason why the candidate is not working at the time of listing.** (This field is optional for **adult** candidates only.) ([List of Not Work Reason codes](#))

**Disability** - A physical or mental impairment that interferes with or prevents a candidate from working (e.g. arthritis, mental retardation, cerebral palsy, etc).

**Demands of Treatment** - An urgent medical treatment that prevents a candidate from working (e.g. Dialysis).

**Insurance Conflict** - Any differences between a candidate and insurance company that prevents them from working.

**Inability to Find Work** - The lack of one's ability to find work (e.g. lack of transportation, work experience, over qualification, unavailable work, etc.).

**Patient Choice - Homemaker** - A candidate who chooses to manage their own household, instead of performing work for pay.

**Patient Choice - Student Full Time/Part Time** - A candidate who is enrolled and/or participating in college.

**Patient Choice - Retired** - A candidate who no longer has an active working life such as an occupation, business or office job.

**Patient Choice - Other** - Any reason not listed above that would prevent a candidate from working.

**Not Applicable - Hospitalized** - Select only if the patient's Medical Condition indicates they are in the hospital.

**Unknown**

**If Yes: If Yes is selected, indicate the candidate's working status.** (This field is optional for **adult** candidates only.) ([List of Working codes](#))

**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:** (Complete for recipients less than 19 years of age.) Select the choice that best describes the candidate's academic progress at the time of listing. If the candidate is less than 5 years old or has graduated from high school, select **Not Applicable < 5 years old/High School graduate or GED.** ([List of Academic Progress codes](#))

**Within One Grade Level of Peers**

**Delayed Grade Level**

## Special Education

Not Applicable <5 years old/High School graduate or GED

Status Unknown

**Academic Activity Level:** (Complete for recipients less than 19 years of age.) Select the choice that best describes the candidate's academic activity level at the time of listing. If the candidate is less than 5 years old or has graduated from high school, select **Not Applicable < 5 years old/High School graduate or GED**. ([List of Academic Activity Level codes](#))

Full academic load

Reduced academic load

Unable to participate in academics due to disease or condition

Not Applicable <5 years old/High School graduate or GED

**Previous Transplants:** The three most recent transplant(s), indicated on the candidate's validated Transplant Recipient Registration (TRR) record(s), will display. Verify all previous transplants listed by organ type, transplant date and graft failure date.

**Note:** The three most recent transplants on record for this candidate will be displayed for verification. If there are any prior transplants that are not listed here, contact the UNet Helpdesk at 1-800-978-4334 or [unethelpdesk@unos.org](mailto:unethelpdesk@unos.org) to determine if the transplant event is in the database.

**Previous Pancreas Islet Infusion:** If the candidate received a previous pancreas islet infusion, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional for **pediatric** candidates only.)

## Source of Payment:

**Primary:** Select as appropriate to indicate the candidate's source of primary payment (largest contributor) for the transplant. If the source of payment is not yet determined, select **Pending**. ([List of Primary Insurance codes](#))

**Private insurance** refers to funds from agencies such as Blue Cross/Blue Shield, etc. It also refers to any worker's compensation that is covered by a private insurer.

**Public insurance - Medicaid** refers to state Medicaid funds.

**Public insurance - Medicare FFS (Fee-for-Service)** refers to funds from the government in which doctors and other health care providers are paid for each service provided to a candidate. For additional information about Medicare, see <http://www.medicare.gov/Choices/Overview.asp>.

**Public insurance - Medicare & Choice (also known as Medicare Managed Care)** refers to funds from the government in which doctors and other health care providers are paid for each service provided to a candidate, along with **additional benefits** such as coordination of care or reducing-out-of-pocket expenses. Sometimes a candidate may receive additional benefits such as prescription drugs. For additional information about Medicare, see <http://www.medicare.gov/Choices/Overview.asp>.

**Public insurance - CHIP (Children's Health Insurance Program)**

**Public insurance - Department of VA** refers to funds from the Veterans Administration.

**Public insurance - Other government** refers to funds from another government agency.

**Self** indicates that the candidate will pay for the cost of transplant.

**Donation** indicates that a company, institution, or individual(s) donated funds to pay for the transplant and care of the candidate.

**Free Care** indicates that the transplant hospital will not charge candidate for the costs of the transplant operation.

**Pending** is used if the source of payment is not yet determined (Primary only).



**Foreign Government, Specify** refers to funds provided by a foreign government (Primary only) Specify the foreign country in the space provided. ([List of Foreign Country codes](#))

**Secondary:** Select as appropriate to indicate the candidate's source of secondary payment. (This field is optional.) ([List of Secondary Insurance codes](#))

**Private insurance** refers to funds from agencies such as Blue Cross/Blue Shield, etc. It also refers to any worker's compensation that is covered by a private insurer.

**Public insurance - Medicaid** refers to state Medicaid funds.

**Public insurance - Medicare FFS (Fee-for-Service)** refers to funds from the government in which doctors and other health care providers that are paid for each service provided to a candidate. For additional information about Medicare, see <http://www.medicare.gov/Choices/Overview.asp>.

**Public insurance - Medicare & Choice (also known as Medicare Managed Care)** refers to funds from the government in which doctors and other health care providers are paid for each service provided to a candidate, along with additional benefits such as coordination of care or reducing-out-of-pocket expenses. Sometimes a candidate may receive additional benefits such as prescription drugs. For additional information about Medicare, see <http://www.medicare.gov/Choices/Overview.asp>.

**Public insurance - CHIP (Children's Health Insurance Program)**

**Public insurance - Other government** refers to funds from another government agency.

**Self** indicates that the candidate will pay for the cost of transplant.

**Donation** indicates that a company, institution, or individual(s) donated funds to pay for the transplant and care of the candidate.

**Free Care** indicates that the transplant hospital will not charge candidate for the costs of the transplant operation.

**None** - Select if the candidate does not have a secondary source of payment.

#### Clinical Information: At Listing

**Date of Measurement:** (Complete for candidates 18 years of age or younger.) Enter the date, using the 8-digit format of MM/DD/YYYY, the candidate's height and weight were measured.

**Height:** Enter the height of the candidate at the time of listing in the appropriate space, in feet and inches or centimeters. If the candidate's height is unavailable, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#)) For candidates 18 years old or younger at the time of listing, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

**Weight:** Enter the weight of the candidate at the time of listing in the appropriate space, in pounds or kilograms. If the candidate's weight is unavailable, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#)) For candidates 18 years old or younger at the time of listing, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

**BMI (Body Mass Index):** The candidate's BMI will display. For candidates less than 20 years of age at the time of listing, UNet<sup>SM</sup> will generate and display calculated percentiles based on the 2000 CDC growth charts.

**Percentiles** are the most commonly used clinical indicator to assess the size and growth patterns of individual children in the United States. Percentiles rank the position of an individual by indicating what percent of the reference population the individual would equal or exceed (i.e. on the weight-for-age growth charts, a 5 year-old girl whose weight is at the 25th percentile, weighs the same or more than 25 percent of the reference population of 5-year-old girls, and weighs less than 75



percent of the 5-year-old girls in the reference population). For additional information about CDC growth charts, see <http://www.cdc.gov/>.

**Note:** Users who check the BMI percentiles against the CDC calculator may notice a discrepancy that is caused by the CDC calculator using 1 decimal place for height and weight and UNet<sup>sm</sup> using 4 decimal places for weight and 2 for height.

**ABO Blood Group:** The candidate's blood type will be displayed. If the blood type is incorrect, correction must be completed on the active waitlist. If the candidate has been removed from the active waitlist, you may select the candidate's correct blood type directly in the record. ([List of ABO Blood Type codes](#))

A  
A1  
A1B  
A2  
A2B  
AB  
B  
O  
Z (In Utero Only)

**Primary Diagnosis:** Select the primary diagnosis **for the disease requiring a transplant** at the time of listing for this candidate. If the candidate has had a previous transplant for the same organ type, use **Retransplant/Graft Failure** as the primary diagnosis for that organ. If an **Other** code is selected, use the blank provided to specify the Other diagnosis. ([List of Thoracic Diagnosis codes](#))

**General Medical Factors:** For each of the medical factors listed, select the appropriate responses to indicate if the candidate has a history of the factor prior to listing.

**Diabetes:** If the candidate does not have a history of diabetes, select **No**. If the candidate has diabetes, select **Type I** or **Type II**. If the candidate has any type of induced diabetes, select **Type Other**. If the candidate has a history of diabetes but the type is unknown, select **Type Unknown**. If this information is unknown, select **Diabetes Status Unknown**. ([List of Diabetes codes](#))

**No**

**Type I** is defined as a disease in which the body does not produce any insulin, most often occurring in children and young adults. People with Type 1 diabetes must take daily insulin injections to stay alive. Type 1 diabetes accounts for 5 to 10 percent of diabetes.

**Type II** is defined as a metabolic disorder resulting from the body's inability to make enough, or properly use, insulin. It is the most common form of the disease. Type 2 Diabetes accounts for 90 to 95 percent of diabetes.

**Type Other**

**Type Unknown**

**Diabetes Status Unknown**

**Dialysis:** If the candidate does not have a history of dialysis, select **No**. If the candidate has a history of dialysis, select the type of dialysis. If the candidate has a history of dialysis, but the type is not known, select **Dialysis - Unknown Type was performed**. If this information is not known, select **Dialysis Status Unknown**. (This field is optional.) ([List of Dialysis codes](#))

**No Dialysis**

**Hemodialysis**

**Peritoneal Dialysis**

**Dialysis - Unknown Type was performed**

**Dialysis Status Unknown**

**Peptic Ulcer:** If the candidate does not have a history of peptic ulcer, select **No**. If the candidate has a history, select **Yes**. If this information is not known, select **Unknown**. (This field is optional.) ([List of Peptic Ulcer codes](#))

**No**  
**Yes, active within the last year**  
**Yes, not active within the last year**  
**Unknown**

**Angina:** If the candidate does not have a history of angina, select **No angina**. If the candidate has a history of angina at the time of listing, select the appropriate **Stable** or **Unstable** choice. If this information is not known, select **Unknown if angina present**. (This field is optional.) ([List of Angina codes](#))

**No angina**  
**Stable angina - strenuous activity results in angina**  
**Stable angina - ordinary physical activity results in angina**  
**Stable angina - no rest angina; does have angina with less than ordinary activity**  
**Stable angina - angina with any physical activity or at rest**  
**Unstable angina**  
**Unknown if angina present**

**Angina** Severe constricting pain in the chest area.

**Stable Angina** - People with stable angina (or chronic stable angina) have episodes of chest discomfort that are usually predictable. They occur on exertion (such as running to catch a bus) or under mental or emotional stress. Normally the chest discomfort is relieved with rest, nitroglycerin or both.

**Unstable Angina** - In people with unstable angina, the chest pain is unexpected and usually occurs while at rest. The discomfort may be more severe and prolonged than typical angina or be the first time a person has angina.

**Drug Treated Systemic Hypertension:** If the candidate is being treated or has a history of being treated with any medication for the purpose of lowering blood pressure at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

**Symptomatic Cerebrovascular Disease:** If the candidate is experiencing or has a history of signs and symptoms of transient ischemic attacks or stroke at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

**Symptomatic Peripheral Vascular Disease:** If the candidate is experiencing or has a history of intermittent claudication, diminished peripheral pulses or other signs and symptoms of peripheral vascular disease at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

**Drug Treated COPD:** If the candidate is currently or has a history of taking any medication to control signs and symptoms of COPD (Chronic Obstructive Pulmonary Disease) at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

**Pulmonary Embolism:** If the candidate has been diagnosed as having a pulmonary embolism within the past six months, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

**Any previous malignancy:** If the candidate has history of any previous malignant cancer prior to the time of listing, select **Yes**. If the candidate has not had a history of any previous malignant cancer prior to the time of listing, select **No**. If unknown, select **UNK**. If **Yes** is selected, select the type(s) of malignancy. If **Other, specify** is selected, indicate the type of tumor in the space provided. ([List of Malignancy codes](#))

**Skin Melanoma**  
**Skin Non-Melanoma**  
**CNS Tumor**  
**Genitourinary**  
**Breast**  
**Thyroid**

Tongue/Throat/Larynx  
Lung  
Leukemia/Lymphoma  
Liver  
Other, specify

**Most Recent Serum Creatinine:** Enter the most recent serum creatinine value in mg/dl. If the value is unavailable, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#)) (This field is optional.)

**Total Serum Albumin:** Enter the total serum albumin value in g/dl. If the value is unavailable, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#)) (This field is optional for **adult** candidates only.)

#### Heart Medical Factors

**Sudden Death:** If the candidate has experienced any episodes of sudden death (cardiac arrest with resuscitation) prior to the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional for **adult** candidates only.)

**Antiarrhythmics:** If the candidate is taking or has a history of taking any medication other than Amiodarone for the purpose of controlling any diagnosed arrhythmia at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

**Amiodarone:** If the candidate was taking or has a history of taking Amiodarone at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

**Implantable Defibrillator:** If the candidate had an implantable defibrillator at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**.

**Infection Requiring IV Drug Therapy within 2/wks prior to listing:** If the candidate had an infection that required an IV Drug Therapy within 2 weeks prior to listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

**Exercise Oxygen Consumption:** Enter the candidate's oxygen consumption at exercise in ml/min/kg. If the value is unavailable, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

#### Lung Medical Factors

**Pulmonary Status:** Enter the most recent pulmonary function values. (These fields are optional.)

**FVC** - forced vital capacity (% predicted)

**FeV1** - forced expiratory volume at one second (% predicted)

**pCO2** - partial carbon dioxide pressure

**FeV1(L)/FVC(L)** ratio of FEV<sub>1</sub>(L)/FVC(L)

**O2 Requirement at Rest** - oxygen requirement at rest. If the candidate does not require oxygen at rest, enter **0**. If the values are unavailable, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**IV Treated Pulmonary Sepsis Episodes >= 2 in last 12 months:** If the candidate has experienced two or more episodes of pulmonary sepsis requiring treatment with IV antibiotics within the past 12 months, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

**Corticosteroid Dependency >= 5mg/day:** If the candidate is taking 5 or more milligrams of any oral corticosteroid at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This field is optional.)

**Six minute walk distance:** Enter the number of feet the candidate can walk in six minutes at the time of listing. (This field is optional.)

**Pan-Resistant Bacterial Lung Infection:** If the candidate has a history of pan-resistant bacterial lung infection prior to listing, select **Yes**. If not, select **No**. If unknown, select **UNK**.

### Heart/Lung Medical Factors

**Most recent Hemodynamics:** Enter the most recent hemodynamic values. For each measure, indicate if the measurement was obtained while the candidate was on Inotropes or Vasodilators. If the tests were not done, select **Not Done** in the **ST** field (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**PA (sys) mm/Hg** - systolic pulmonary artery pressure

**PA (dia) mm/Hg** - diastolic pulmonary artery pressure

**PA (mean) mm/Hg** - mean pulmonary artery pressure

**PCW (mean) mm/Hg** - mean pulmonary capillary wedge pressure

**CO L/min** - cardiac output

**History of Cigarette Use:** If the candidate has a history of cigarette use, select **Yes**. If not, select **No**. If **Yes** is selected, indicate the number of pack years. Then indicate the **Duration of Abstinence**.

If **Yes**, **Check # of pack years** is the number of packs of cigarettes the candidate smoked per day multiplied by the number of years. For example a candidate smoking 2 packs of cigarettes per day for 10 years would equal 20 pack years. (This field is optional.) ([List of Cigarette Pack Years codes](#))

**0-10**

**11-20**

**21-30**

**31-40**

**41-50**

**>50**

**Unknown pack years**

**Duration of Abstinence:** Select the number of months the candidate has abstained from cigarettes. If the time is unknown, select **Unknown duration**. If the candidate has not stopped smoking, select **Continues To Smoke**. ([List of Duration of Abstinence codes](#))

**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:** If the candidate has a history of other tobacco use, select **Yes**. If no history of other tobacco use, select **No**. If unknown, select **UNK**. (This field is optional.)

[ADULT CANDIDATES]

**Prior Cardiac Surgery (non-transplant):** If the candidate had cardiac surgery prior to listing, select **Yes**. If no prior cardiac surgery, select **No**. If **Yes** is selected, select all type(s) of surgery. If the type of cardiac surgery is not listed, select **Other, specify** and enter the type of cardiac surgery in the space provided. ([List of Cardiac Surgery codes](#))

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

**Prior Lung Surgery (non-transplant):** If the candidate had lung surgery prior to listing, select **Yes**. If no prior lung surgery, select **No**. If **Yes** is selected, select all type(s) of surgery. If the type of lung surgery is not listed, select **Other, specify** and enter the type of cardiac surgery in the space provided. (These fields are optional for **adult** candidates only.) ([List of Lung Surgery codes](#))

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

[PEDIATRIC CANDIDATES]

**Prior Thoracic Surgery Other Than Previous Transplant:** If the candidate had thoracic surgery prior to listing, select **Yes**. If no prior thoracic surgery, select **No**. If **Yes** is selected, select all type(s) of surgery. If the type of thoracic surgery is not listed, select **Other, specify** and enter the type of thoracic surgery in the space provided.

**If yes, number of prior sternotomies** ([List of Sternotomies codes](#))

**If yes, number of prior thoracotomies** ([List of Thoracotomies codes](#))

**Prior Congenital Cardiac Surgery:** If the candidate had prior surgery, select **Yes**. If not, select **No**. If unknown, select **UNK**.

**If Yes, palliative surgery:** If the surgery was palliative, select **Yes**. If not, select **No**. If unknown, select **UNK**.

**If Yes, corrective surgery:** If the surgery was corrective, select **Yes**. If not, select **No**. If unknown, select **UNK**.

**If Yes, single ventricular physiology:** If the surgery was to correct single ventricular physiology, select **Yes**. If not, select **No**. If unknown, select **UNK**.