

Records

Pediatric 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^B 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^B 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.

Provider Information
Recipient Center:

Candidate Information

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

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

Ethnicity/Race: * (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
Black or African American	Hispanic/Latino
<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
- Intravenous Inotropes
- Inhaled NO
- Ventilator
- Other Mechanism, Specify

Specify:

Functional Status: *

Cognitive Development: *

- 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: *

- 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 indications of motor delay/impairment)
- No Motor delay/impairment (no obvious indicators of motor delay/impairment)
- Not Assessed

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

Date of Measurement: *

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

Weight: * lbs kg %ile ST=

BMI: kg/m² %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

No

Peptic Ulcer:

- 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=**
pCO2: mm/Hg **ST=**
FeV1(L)/FVC(L): **ST=**
O2 Requirement at Rest: L/min **ST=**

IV Treated Pulmonary Sepsis Episode >= 2 in last 12 months: YES NO UNK

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

History of Cigarette Use: * YES NO

0-10
 11-20
 If Yes, Check # pack years: 21-30
 31-40
 41-50

- Duration of Abstinence:
- >50
 - 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 thoracic surgery other than previous transplant: * YES NO UNK

If yes, number of prior sternotomies:

If yes, number of prior thoracotomies:

Prior congenital cardiac surgery: YES NO UNK

If yes, palliative surgery: YES NO UNK

If yes, corrective surgery: YES NO UNK