

# Records

## Pediatric Thoracic Transplant Recipient 6 Month Follow-Up 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.

Recipient Information	
Name:	DOB:
SSN:	Gender:
HIC:	Tx Date:
Previous Follow-Up:	Previous Px Stat Date:
Transplant Discharge Date:	<input type="text"/>
State of Permanent Residence: *	<input type="text"/>
Zip Code: *	<input type="text"/> - <input type="text"/>

Patient Status	
Date: Last Seen, Retransplanted or Death *	<input type="text"/>
Patient Status: *	<input checked="" type="radio"/> LIVING <input type="radio"/> DEAD <input type="radio"/> RETRANSPLANTED
Primary Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Contributory Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Contributory Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>

Clinical Information	
Graft Status: *	<input checked="" type="radio"/> Functioning <input type="radio"/> Failed
If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.	
Date of Graft Failure:	<input type="text"/>
Primary Cause of Graft Failure:	<input type="radio"/> Primary Non-Function <input type="radio"/> Acute Rejection <input type="radio"/> Chronic Rejection/Atherosclerosis

Other, Specify

Current A titer:

Sample Date:

Current B titer:

Sample Date: