

Records

Pediatric Thoracic Transplant Recipient Post 5-Year Follow-Up Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 12/31/2011

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI[®] 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[®] 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.

Name:

DOB:

SSN:

Gender:

HIC:

Tx Date:

Previous Follow-Up: Transplant Recipient Registration

Previous Px Stat Date:

Transplant Discharge Date:

State of Permanent Residence: *

Zip Code: *

Recipient Center:

Followup Center:

UNOS Donor ID #:

Donor Type:

Date: Last Seen, Retransplanted or Death *

LIVING

DEAD

RETRANSPLANTED

Patient Status: *

Primary Cause of Death:

Specify:

Functional Status: *

Definite Cognitive delay/impairment

Probable Cognitive delay/impairment

Questionable Cognitive delay/impairment

No Cognitive delay/impairment

Cognitive Development: *

Not Assessed

Definite Motor delay/impairment

Probable Motor delay/impairment

Motor Development: *

Questionable Motor delay/impairment

No Motor delay/impairment

Not Assessed

Date of Measurement:

Height: *

 ft. in. cm

ST=

Weight: *

 lbs. kg

ST=

BMI:

kg/m²

Graft Status: *

Functioning 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:

Primary Non-Function

Primary Cause of Graft Failure:

Acute Rejection

Chronic Rejection/Atherosclerosis

Other, Specify

Other, Specify:

Coronary Artery Disease Since Last Follow Up:

YES NO UNK

Renal Dysfunction: *

YES NO UNK

Chronic Dialysis:

YES NO UNK

Renal Tx since Thoracic Tx:

YES NO UNK

Most Recent Serum Creatinine: *

mg/dl ST=

Diabetes onset during the follow-up period: *

YES NO UNK

If yes, insulin dependent:

YES NO UNK

Post Transplant Malignancy: *

YES NO UNK

Donor Related:

YES NO UNK

Recurrence of Pre-Tx Tumor:

YES NO UNK

De Novo Solid Tumor:

YES NO UNK

De Novo Lymphoproliferative disease and Lymphoma:

YES NO UNK
