

Records

Adult Lung Transplant Candidate Registration 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.

Recipient Center:

Organ Registered:

Date of Listing or Add:

Last Name: *

First Name: *

MI:

Previous Surname:

SSN:

Gender: *

Male

Female

HIC:

DOB: *

State of Permanent Residence: *

Permanent ZIP Code: *

Is Patient waiting in permanent ZIP code:

YES

NO

UNK

Ethnicity/Race: *

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Black or African American

- African American
- African (Continental)
- West Indian
- Haitian
- Black or African American: Other
- Black or African American: 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

Asian: Not Specified/Unknown

Hispanic/Latino

- Mexican
- Puerto Rican (Mainland)
- Puerto Rican (Island)
- Cuban
- Hispanic/Latino: Other
- Hispanic/Latino: 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) 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:

- 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/ High School graduate or GED
- 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 or GED
- Status Unknown

Previous Transplants:

Organ	Date	Graft Fail Date
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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:

Height: *

ft.

in.

cm

ST=

Weight: *

lbs

kg

ST=

BMI:

kg/m²

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=

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 \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

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

Unknown pack years

0-2 months

3-12 months

13-24 months

25-36 months

Duration of Abstinence:

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

CABG

Valve Replacement/Repair

If yes, check all that apply:

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: