

Adult 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:			Gend	er:		
HIC:			Tx Da	ite:		
Previous Follow-Up:	Transplant Recipient Registration		Previo	ous Px Stat Date:		
Transplant Discharge Date:						
State of Permanent Residence: *						
Zip Code: *						
			-			
Recipient Center:						
Followup Center:						
. one ap contain						
UNOS Donor ID #:						
Donor Type:						
Date: Last Seen, Retransplanted or Death *						
		_				
		0	LIVING			
Patient Status: **			LIVING			
		0	DEAD			
			DLAD			
		0	RETRANSPLANTED			
			IL IIANOF LANIED			
Primary Cause of Death:				1		
Constitution of the Consti						
Specify:						
			_			
Graft Status: *		0	Eupationing Fo	iled		
			Functioning Fa	illed		
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:						
Date of Glatt Landio.						
		0				
		Primary Non-Function				
		0				
Primary Cause of Graft Failure:		200	Acute Rejection			
		0				
		7,	Chronic Rejection/Atherosclerosis			
		0				
		-	Other, Specify			

Other, Specify:	
Coronary Artery Disease:	C YES NO C UNK
	O NO BOS O Yes, Grade OP
Bronchiolitis Obliterans Syndrome:	Yes, Grade 1 Yes, Grade 2
	Yes, Grade 3 Yes, Grade UNK Unknown
Renal Dysfunction: *	C O O UNK
Chronic Dialysis:	C YES C NO UNK
Renal Tx since Thoracic Tx:	C YES C NO UNK
Most Recent Serum Creatinine: ★	mg/dl ST=
Post Transplant Malignancy: **	C YES O NO UNK
Donor Related:	O YES O NO UNK
Recurrence of Pre-Tx Tumor:	O YES O NO UNK
De Novo Solid Tumor:	C YES C NO UNK
De Novo Lymphoproliferative disease and Lymphoma:	C YES C NO UNK