

Records

Pediatric Thoracic Transplant Recipient 6 Month 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.

Recipient Information	
Name:	DOB:
SSN:	Gender:
HIC:	Tx Date:
Previous Follow-Up: Transplant Recipient Registration	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"/>
Provider Information	
Recipient Center:	
Followup Center:	
Donor Information	
UNOS Donor ID #:	
Donor Type:	
Patient Status	
Date: Last Seen, Retransplanted or Death:*	<input type="text"/>
Patient Status:*	<input 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 type="radio"/> Functioning <input type="radio"/> Failed
<p>If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.</p>	
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 <input type="radio"/> Other, Specify
Other, Specify:	<input type="text"/>

Titer Information:	
<p>For those individuals who received a heart from a donor with an incompatible blood type, the most recent Anti-A and/or Anti-B titer values must be reported upon graft failure or death.</p>	
Titer values entered on the TRR:	
Anti-A Titer at time of transplant:	Sample Date:
Most Recent Anti-A Titer:* <input type="text"/>	Sample Date:* <input type="text"/>
Titer values entered on the TRR:	
Anti-B Titer at time of transplant:	Sample Date:
Most Recent Anti-B Titer:* <input type="text"/>	Sample Date:* <input type="text"/>

UNOS View Only	
Comments:	<input type="text"/>