

Records

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: _____ 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 *

Patient Status: * LIVING
 DEAD
 RETRANSPLANTED

Primary Cause of Death:

Specify:

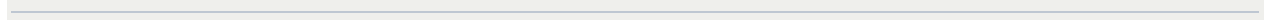
Graft Status: * Functioning Failed

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 Cause of Graft Failure: Primary Non-Function
 Acute Rejection
 Chronic Rejection/Atherosclerosis
 Other, Specify

Other, Specify:



- NO BOS
- Yes, Grade OP
- Yes, Grade 1
- Yes, Grade 2
- Yes, Grade 3
- Yes, Grade UNK
- Unknown

Bronchiolitis Obliterans Syndrome:



Renal Dysfunction: *

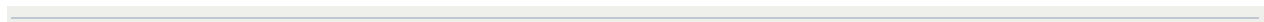
- YES NO UNK

Chronic Dialysis:

- YES NO UNK

Renal Tx since Thoracic Tx:

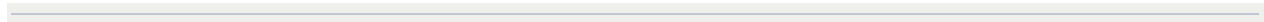
- YES NO UNK



Most Recent Serum Creatinine: *

mg/dl

ST=



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