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Records

Adult Thoracic Transplant Recipient Follow-Up Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 07/31/2020

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:	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:	
Physician Name: *	<input type="text"/>
NPI#: *	<input type="text"/>
Follow-up Care Provided By: *	<input type="radio"/> Transplant Center <input type="radio"/> Non Transplant Center Specialty Physician <input type="radio"/> Primary Care Physician <input type="radio"/> Other Specify
Specify:	<input type="text"/>

Donor Information	
UNOS Donor ID #:	
Recovering OPO:	
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 <input type="radio"/> NOT SEEN
Primary Cause of Death:	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
Contributory Cause of Death:	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
Contributory Cause of Death:	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
Has the patient been hospitalized since the last patient status date:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Hospitalized for Rejection:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Hospitalized for Infection:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Functional Status: *	<input style="width: 100%;" type="text"/>
Working for income:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Primary Insurance at Follow-up:*	<input style="width: 100%;" type="text"/>
Specify	<input style="width: 100%;" type="text"/>
Clinical Information	
Graft Status:*	<input type="radio"/> Functioning <input type="radio"/> 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:	<input style="width: 100%;" 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 style="width: 100%;" type="text"/>
Graft Function:	
Heart:	
Ejection Fraction:*	<input style="width: 50%;" type="text"/> % ST= <input style="width: 50%;" type="text"/>
Pacemaker:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

Coronary Artery Disease: * YES NO UNK

Lung:

FeV1: * % ST=

O2 Requirement at Rest: * L/min ST=

- Bronchiolitis-Obliterans-Syndrome: *
- ~~NO-BOS~~
 - ~~Yes, Grade 0P~~
 - ~~Yes, Grade 1~~
 - ~~Yes, Grade 2~~
 - ~~Yes, Grade 3~~
 - ~~Yes, Grade UNK~~
 - Unknown

Bronchial Stricture (Since last follow-up): * YES NO UNK

If yes, Stents: YES NO UNK

Modified Fields - see "NEW CLAD DATA COLLECTION" section below for new data collection format

NEW CLAD DATA COLLECTION

Date Test Performed: * ST=
Please provide data for tests performed closest between <date> to <date>.

FEV1: L ST=

FVC: L ST=

FEF25-75: L/sec ST=

Value	Description
M	Missing
U	Unknown
A	N/A
D	Not Done

Date Test Performed: * ST=
Please provide data for tests performed closest between <date> to <date>.

FEV1: L ST=

FVC: L ST=

FEF25-75: L/sec ST=

Date Test Performed: * ST=
Please provide data for tests performed closest between <date> to <date>.

FEV1: L ST=

FVC: L ST=

FEF25-75: L/sec ST=

Current supplemental O2 requirements at rest and/or at exercise: * YES NO

At rest:

FIO2: % ST=

or

Flow: L/min ST=

With exercise:

FIO2: % ST=

or

Flow: L/min ST=

Post Transplant Events:

New diabetes onset between last follow-up to the current follow-up:*

YES NO UNK

If yes, insulin dependent:

YES NO UNK

Most Recent Serum Creatinine:*

mg/dl

ST=

Chronic Dialysis:*

YES NO UNK

Renal Tx since Thoracic Tx:*

YES NO UNK

Did patient have any acute rejection episodes during the follow-up period:*

- Yes, at least one episode treated with anti-rejection agent
- Yes, none treated with additional anti-rejection agent
- No
- Unknown

Viral Detection:

HIV Serology

- Positive
- Negative
- UKN/ Cannot Disclose

	<input type="radio"/> Not Done
	<input type="radio"/> Positive
	<input type="radio"/> Negative
HIV NAT	<input type="radio"/> UKN/Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Positive
	<input type="radio"/> Negative
HbsAg	<input type="radio"/> UKN/Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Positive
	<input type="radio"/> Negative
HBV DNA	<input type="radio"/> UKN/Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Positive
	<input type="radio"/> Negative
HBV Core Antibody	<input type="radio"/> UKN/Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Positive
	<input type="radio"/> Negative
HCV Serology	<input type="radio"/> UKN/Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Positive
	<input type="radio"/> Negative
HCV NAT	<input type="radio"/> UKN/Cannot Disclose
	<input type="radio"/> Not Done
Post Transplant Malignancy:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Donor Related:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Recurrence of Pre-Tx Tumor:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
De Novo Solid Tumor:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

De Novo Lymphoproliferative disease and Lymphoma: YES NO UNK

Immunosuppressive Information

Previous Validated Maintenance Follow-Up Medications:

Previous Validated Maintenance Follow-Up Medications:

Were any medications given during the follow-up period for maintenance:

Yes, same as validated TRR form

None given

Yes, but different than validated TRR form

Immunosuppressive Medications

View Immunosuppressive Medications

Definitions Of Immunosuppressive Follow-Up Medications

For each of the immunosuppressant medications listed, check **Previous Maintenance (Prev Maint)**, **Current Maintenance (Curr Maint)** or **Anti-rejection (AR)** to indicate all medications that were prescribed for the recipient during this follow-up period, and for what reason. If a medication was not given, leave the associated box(es) blank.

Previous Maintenance (Prev Maint) includes all immunosuppressive medications given during the report period, which covers the period from the last clinic visit to the current clinic visit, with the intention to maintain them long-term (example: prednisone, cyclosporine, tacrolimus, mycophenolate mofetil, azathioprine, or Rapamune). This does not include any immunosuppressive medications given to treat rejection episodes.

Current Maintenance (Curr Maint) includes all immunosuppressive medications given at the time of the current clinic visit to begin in the next report period, with the intention to maintain them long-term (example: prednisone, cyclosporine, tacrolimus, mycophenolate mofetil, azathioprine, or Rapamune). This does not include any immunosuppressive medications given to treat rejection episodes.

Anti-rejection (AR) immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode since the last clinic visit (example: methylprednisolone or Thymoglobulin). When switching maintenance drugs (example: from tacrolimus to cyclosporine; or from mycophenolate mofetil to azathioprine) because of rejection, the drugs should not be listed under AR immunosuppression, but should be listed under maintenance immunosuppression. **>Note: The Anti-rejection field refers to any anti-rejection medications since the last clinic visit, not just at the time of the current clinic visit.**

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Previous Maint, or Current Maint, or AR next to Other Immunosuppressive Medication field, and enter the full name of the medication in the space provided. **Do not list non-immunosuppressive medications.**

Drug used for induction, acute rejection, or maintenance	Prev Maint	Curr Maint	AR
Steroids (prednisone, methylprednisolone, Solumedrol, Medrol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drugs used for induction or acute rejection	Prev Maint	Curr Maint	AR
Atgam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campath (alemtuzumab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cytosan (cyclophosphamide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rituxan (rituximab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simulect (basiliximab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thymoglobulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drugs primarily used for maintenance			
	Prev Maint	Curr Maint	AR
Cyclosporine, select from the following:			
- Gengraf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Neoral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sandimmune	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic cyclosporine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imuran (azathioprine, AZA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leflunomide (LFL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mycophenolic acid, select from the following:			
- CellCept (MMF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic MMF (generic CellCept)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Myfortic (mycophenolic acid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic Myfortic (generic mycophenolic acid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mTOR inhibitors, select from the following:			
- Rapamune (sirolimus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic sirolimus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Zortress (everolimus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nulojix (bela tacept)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tacrolimus, select from the following:			
- Astagraf XL (extended release tacrolimus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Envarsus XR (tacrolimus XR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Prograf (tacrolimus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic tacrolimus (generic Prograf)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other drugs

		Prev Maint	Curr Maint	AR
Other immunosuppressive medication, specify:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other immunosuppressive medication, specify:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UNOS View Only	
Comments:	<div style="border: 1px solid gray; height: 50px; width: 100%; position: relative;"><div style="position: absolute; right: -10px; top: 50%; transform: translateY(-50%); border-left: 1px solid gray; border-right: 1px solid gray; border-bottom: 1px solid gray; padding: 2px 5px;">^ v</div></div>

