Adult Heart Candidate Listing Registration
Fields to be completed by members

Form Section	Field Label
Add new candidate registration	Transplant Hospital
Add new candidate registration	Organ
Candidate Add	Center
Candidate Add	Organ
Candidate Add	Age group
Candidate Add	SSN
Candidate Add	Confirm SSN
Provider Information	Transplant Center
Provider Information	24 Hour Contact Phone Number
Demographic Information	SSN
Demographic Information	Confirm SSN
Demographic Information	Last Name
Demographic Information	First Name
Demographic Information	MI
Demographic Information	Date of birth
Demographic Information	Confirm date of birth
Demographic Information	Birth sex
Demographic Information	Center's Patient ID
Demographic Information	State of Permanent Residence
Demographic Information	Permanent ZIP Code
Demographic Information	Ethnicity
Demographic Information	Race
Clinical Information	ABO
Clinical Information	Accept an Intended Blood Group Incompatible Organ?
Clinical Information	Height (ft)
Clinical Information	Height (in)
Clinical Information	Height (cm)
Clinical Information	Weight (lbs)
Clinical Information	Weight (kg)
HLA CLASS I	A
HLA CLASS I	A
HLA CLASS I	B
HLA CLASS I	B
HLA CLASS I	BW4
HLA CLASS I	BW6
HLA CLASS I	C
HLA CLASS I	C

HLA CLASS II	DR
HLA CLASS II	DR
HLA CLASS II	DR51
HLA CLASS II	DR51
HLA CLASS II	DR52
HLA CLASS II	DR52
HLA CLASS II	DR53
HLA CLASS II	DR53
HLA CLASS II	DQB1
HLA CLASS II	DQB1
HLA CLASS II	DQA1
HLA CLASS II	DQA1
HLA CLASS II	DPB1
HLA CLASS II	DPB1
HLA CLASS II	DPA1
HLA CLASS II	DPA1
Confirm HLA CLASS I	A
Confirm HLA CLASS I	A
Confirm HLA CLASS I	B
Confirm HLA CLASS I	B
Confirm HLA CLASS I	BW4
Confirm HLA CLASS I	BW6
Confirm HLA CLASS I	C
Confirm HLA CLASS I	C
Confirm HLA CLASS II	DR
Confirm HLA CLASS II	DR
Confirm HLA CLASS II	DR51
Confirm HLA CLASS II	DR51
Confirm HLA CLASS II	DR52
Confirm HLA CLASS II	DR52
Confirm HLA CLASS II	DR53
Confirm HLA CLASS II	DR53
Confirm HLA CLASS II	DQB1
Confirm HLA CLASS II	DQB1
Confirm HLA CLASS II	DQA1
Confirm HLA CLASS II	DQA1
Confirm HLA CLASS II	DPB1
Confirm HLA CLASS II	DPB1
Confirm HLA CLASS II	DPA1
Confirm HLA CLASS II	DPA1
Organ Information	Candidate Medical Urgency Status
Organ Information	Inactive Reason
Organ Information	Heart Diagnosis Code

Organ Information	Preliminary Crossmatch Required
Organ Information	Number of previous Heart Transplants
Organ Information	Is the candidate listed for a vascularized composite allograft (VCA)?
Additional Organs	Check any additional organs the candidate may need.
Donor Characteristics	Local Minimum acceptable donor age
Donor Characteristics	Import Minimum acceptable donor age
Donor Characteristics	Local Maximum acceptable donor age
Donor Characteristics	Import Maximum acceptable donor age
Donor Characteristics	Local Minimum acceptable donor height
Donor Characteristics	Import Minimum acceptable donor height
Donor Characteristics	Local Maximum acceptable donor height
Donor Characteristics	Import Maximum acceptable donor height
Donor Characteristics	Local Minimum acceptable donor weight
Donor Characteristics	Import Minimum acceptable donor weight
Donor Characteristics	Local Maximum acceptable donor weight
Donor Characteristics	Import Maximum acceptable donor weight
Donor Characteristics	Donor birth sex requirements
Donor Characteristics	Local Accept DCD donor?
Donor Characteristics	Import Accept DCD donor?
Medical and Social History	Accept a donor with a history of coronary artery disease?
Infectious diseases	Accept a Hepatitis B core antibody positive donor?
Infectious diseases	Accept an HBV NAT positive donor?
Infectious diseases	Accept an HCV antibody positive donor?
Infectious diseases	Accept an HCV NAT positive donor?
Recovery	Maximum nautical miles the organ or recovery team will travel
Unacceptable Antigens	A
Unacceptable Antigens	B
Unacceptable Antigens	BW
Unacceptable Antigens	C
Unacceptable Antigens	DR
Unacceptable Antigens	DR51
Unacceptable Antigens	DR52
Unacceptable Antigens	DR53
Unacceptable Antigens	DQB1
Unacceptable Antigens	DQA1
Unacceptable Antigens	DPB1 - unacceptable antigens
Unacceptable Antigens	DPB1 - unacceptable epitopes
Unacceptable Antigens	DPA1

Risk Stratification Data	Total number of prior sternotomies
Risk Stratification Data	Any prior history of stroke?
Risk Stratification Data	Any prior history of peripheral thromboembolic events?
Risk Stratification Data	Number of hospitalizations for heart failure in last 12 months
Risk Stratification Data	Is the candidate on a diuretic?
Risk Stratification Data	Furosemide - Amount
Risk Stratification Data	Furosemide - IV/PO
Risk Stratification Data	Torsemide - Amount
Risk Stratification Data	Torsemide - IV/PO
Risk Stratification Data	Bumetanide - Amount
Risk Stratification Data	Bumetanide - IV/PO
Risk Stratification Data	Chlorothiazide - Amount
Risk Stratification Data	Chlorothiazide - IV/PO
Risk Stratification Data	Metolazone - Amount
Risk Stratification Data	Metolazone - IV/PO
Risk Stratification Data	Other diuretic - Name
Risk Stratification Data	Other diuretic - Amount
Risk Stratification Data	Other diuretic - IV/PO
Risk Stratification Data	Is the candidate on vasoactive support?
Risk Stratification Data	Dobutamine
Risk Stratification Data	Dopamine
Risk Stratification Data	Milrinone
Risk Stratification Data	Epinephrine
Risk Stratification Data	Norepinephrine
Risk Stratification Data	Vasopressin
Risk Stratification Data	Is the candidate on anti-arrhythmics?
Risk Stratification Data	Is the candidate on pulmonary vasodilators?
Risk Stratification Data	Pulmonary Vasodilators Specify
Risk Stratification Data	Is the candidate on dialysis?
Risk Stratification Data	Is the candidate on continuous invasive mechanical ventilation?
Risk Stratification Data	Most Recent Cardiopulmonary Stress Test
Risk Stratification Data	Peak O2 consumption
Risk Stratification Data	Respiratory exchange ratio (RER)
Risk Stratification Data	VE/VCO2
Risk Stratification Data	Most Recent Sensitization Data
Risk Stratification Data	CPRA
Risk Stratification Data	PRA typing method
Risk Stratification Data	Other Specify
Risk Stratification Data	MFI threshold
Risk Stratification Data	Most Recent Hemodynamic Data

Risk Stratification Data	Hemodynamic data obtained using
Risk Stratification Data	Other Specify
Risk Stratification Data	Hemodynamic values were obtained when candidate was on
Risk Stratification Data	Systolic blood pressure
Risk Stratification Data	Diastolic blood pressure
Risk Stratification Data	Resting heart rate (on same date as hemodynamic test)
Risk Stratification Data	Central venous pressure
Risk Stratification Data	Pulmonary artery systolic pressure
Risk Stratification Data	Pulmonary artery diastolic pressure
Risk Stratification Data	Mean pulmonary arty pressure
Risk Stratification Data	Value obtained for PCWP or LVEDP
Risk Stratification Data	PCWP/LVEDP - Amount
Risk Stratification Data	Cardiac output
Risk Stratification Data	Cardiac index
Risk Stratification Data	Mixed venous oxygen saturation (SvO2)
Risk Stratification Data	Hemoglobin at time of SvO2
Risk Stratification Data	Most Recent Data for VAD patients
Risk Stratification Data	LDH
Risk Stratification Data	Test date
Risk Stratification Data	Plasma free hemoglobin
Risk Stratification Data	Test date
Risk Stratification Data	Has the candidate experience hemoglobinuria?
Risk Stratification Data	Most Recent Heart Failure Severity Data
Risk Stratification Data	Serum sodium
Risk Stratification Data	Test date
Risk Stratification Data	Serum creatinine
Risk Stratification Data	Test date
Risk Stratification Data	BUN
Risk Stratification Data	Test date
Risk Stratification Data	Serum albumin
Risk Stratification Data	Test date
Risk Stratification Data	AST
Risk Stratification Data	Test date
Risk Stratification Data	Serum bilirubin
Risk Stratification Data	Test date
Risk Stratification Data	Arterial lactate
Risk Stratification Data	Test date
Risk Stratification Data	INR
Risk Stratification Data	Test date
Risk Stratification Data	Brain natriuretic peptide test performed

Risk Stratification Data	BNP test type
Risk Stratification Data	BNP/NT Pro BNP - Amount
Risk Stratification Data	Test date
Justification Form Information	Surgeon/Physician NPI
Justification Form Information	Surgeon/Physician name
Justification Form Information	Hospital Telephone Number
Justification Form Status 1	Is the candidate currently admitted to the listing transplant hospital?
Justification Form Status 1	Primary device
Justification Form Status 1	Non-Dischargeable VAD Device Brand
Justification Form Status 1	Other specify
Justification Form Status 1	Dischargeable VAD Device Brand
Justification Form Status 1	Other specify
Justification Form Status 1	Date of implant/initiation
Justification Form Status 1	Time of implant/initiation
Justification Form Status 1	Ventricle support
Justification Form Status 1	Secondary device
Justification Form Status 1	Device Brand
Justification Form Status 1	Other specify
Justification Form Status 1	Date of implant/initiation
Justification Form Status 1	Ventricle support
Justification Form Status 1	Veno-Arterial Extracorporeal Membrane Oxygenation (VA ECMO)
Justification Form Status 1	Select one of the following
Justification Form Status 1	Was the candidate on inotropes at the time cardiac index was obtained?
Justification Form Status 1	Cardiac index
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time
Justification Form Status 1	Pulmonary capillary wedge pressure
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time
Justification Form Status 1	Systolic blood pressure
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time
Justification Form Status 1	Date of administration of CPR
Justification Form Status 1	Test Time
Justification Form Status 1	Systolic blood pressure
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time
Justification Form Status 1	Arterial lactate
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time

Justification Form Status 1	Aspartate transaminase
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time
Justification Form Status 1	Alanine transaminase
Justification Form Status 1	Test Date
Justification Form Status 1	Test Time
Justification Form Status 1	Non-dischargeable, surgically implanted, non-endovascular biventricular support device
Justification Form Status 1	Mechanical circulatory support device (MCSD) with life threatening ventricular arrhythmia
Justification Form Status 1	Select at least one of the following
Justification Form Status 1	Exception for status 1
Justification Form Status 1	This exception request is specifically related to a device recall
Justification Form Status 2	Clinical Narrative
Justification Form Status 2	Primary device
Justification Form Status 2	Non-Dischargeable VAD Device Brand
Justification Form Status 2	Other specify
Justification Form Status 2	Dischargeable VAD Device Brand
Justification Form Status 2	Other specify
Justification Form Status 2	Date of implant/initiation
Justification Form Status 2	Time of implant/initiation
Justification Form Status 2	Ventricle support
Justification Form Status 2	Secondary device
Justification Form Status 2	Device Brand
Justification Form Status 2	Other specify
Justification Form Status 2	Date of implant/initiation
Justification Form Status 2	Ventricle support
Justification Form Status 2	Non-dischargeable, surgically implanted, non-endovascular left ventricular assist device (LVAD)
Justification Form Status 2	Total artificial heart (TAH), BiVAD, right ventricular assist device (RVAD), or ventricular assist device (VAD) for single ventricle patients
Justification Form Status 2	Mechanical circulatory support device (MCSD) with malfunction
Justification Form Status 2	Percutaneous endovascular mechanical circulatory support device
Justification Form Status 2	Hemodynamic measurements were obtained and within 24 hour period

Justification Form Status 2	Cardiac index
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Pulmonary capillary wedge pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Systolic blood pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Hemodynamic measurements were not obtained. However, within 24 hours prior to IABP support
Justification Form Status 2	Date of administration of CPR
Justification Form Status 2	Test Time
Justification Form Status 2	Systolic blood pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Arterial lactate
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Aspartate transaminase
Justification Form Status 2	Test Time
Justification Form Status 2	Test Date
Justification Form Status 2	Alanine transaminase
Justification Form Status 2	Test Time
Justification Form Status 2	Test Date
Justification Form Status 2	Intra-aortic balloon pump
Justification Form Status 2	Hemodynamic measurements were obtained and within 24 hour period
Justification Form Status 2	Was the candidate on inotropes at the time cardiac index was obtained?
Justification Form Status 2	Cardiac index
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Pulmonary capillary wedge pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Systolic blood pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Hemodynamic measurements were not obtained. However, within 24 hours prior to IABP support

Justification Form Status 2	Date of administration of CPR
Justification Form Status 2	Test Time
Justification Form Status 2	Systolic blood pressure
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Arterial lactate
Justification Form Status 2	Test Date
Justification Form Status 2	Test Time
Justification Form Status 2	Aspartate transaminase
Justification Form Status 2	Test Time
Justification Form Status 2	Test Date
Justification Form Status 2	Alanine transaminase
Justification Form Status 2	Test Time
Justification Form Status 2	Test Date
Justification Form Status 2	Ventricular tachycardia (VT) or ventricular fibrillation (VF)
Justification Form Status 2	Exception for status 2
Justification Form Status 2	This exception request is specifically related to a device recall
Justification Form Status 2	Clinical Narrative
Justification Form Status 3	Primary device
Justification Form Status 3	Non-Dischargeable VAD Device Brand
Justification Form Status 3	Other specify
Justification Form Status 3	Dischargeable VAD Device Brand
Justification Form Status 3	Other specify
Justification Form Status 3	Date of implant/initiation
Justification Form Status 3	Time of implant/initiation
Justification Form Status 3	Ventricle support
Justification Form Status 3	Secondary device
Justification Form Status 3	Device Brand
Justification Form Status 3	Other specify
Justification Form Status 3	Date of implant/initiation
Justification Form Status 3	Ventricle support
Justification Form Status 3	Dischargeable left ventricular assist device (LVAD) for discretionary 30 days
Justification Form Status 3	Multiple inotropes or a single high dose inotrope and hemodynamic monitoring
Justification Form Status 3	Select one of the following
Justification Form Status 3	Candidate is supported by either
Justification Form Status 3	Was the candidate on inotropic or mechanical support at the time cardiac index was obtained?
Justification Form Status 3	Cardiac index

Justification Form Status 3	Test Date
Justification Form Status 3	Test Time
Justification Form Status 3	Pulmonary capillary wedge pressure
Justification Form Status 3	Test Date
Justification Form Status 3	Test Time
Justification Form Status 3	Systolic blood pressure
Justification Form Status 3	Test Date
Justification Form Status 3	Test Time
Justification Form Status 3	Mechanical circulatory support device (MCSD) with hemolysis
Justification Form Status 3	Two separate samples collected within 48 hours of each other confirming markers of active hemolysis as evidenced by at least two of the following
Justification Form Status 3	Mechanical circulatory support device (MCSD) with pump thrombosis
Justification Form Status 3	Mechanical circulatory support device (MCSD) with right heart failure
Justification Form Status 3	Dobutamine
Justification Form Status 3	Date of Initiation
Justification Form Status 3	Dopamine
Justification Form Status 3	Date of Initiation
Justification Form Status 3	Epinephrine
Justification Form Status 3	Date of Initiation
Justification Form Status 3	Milrinone
Justification Form Status 3	Date of Initiation
Justification Form Status 3	Inhaled nitric oxide
Justification Form Status 3	Date of Initiation
Justification Form Status 3	Intravenous prostacyclin
Justification Form Status 3	Date of Initiation
Justification Form Status 3	Pulmonary capillary wedge pressure
Justification Form Status 3	Test Date
Justification Form Status 3	Test Time
Justification Form Status 3	Central venous pressure
Justification Form Status 3	Test Date
Justification Form Status 3	Test Time
Justification Form Status 3	Mechanical circulatory support device (MCSD) with device infection
Justification Form Status 3	Mechanical circulatory support device (MCSD) with mucosal bleeding
Justification Form Status 3	Number of hospitalizations for mucosal bleeding within the past six months

Justification Form Status 3	Mechanical circulatory support device (MCSD) with aortic insufficiency (AI)
Justification Form Status 3	Veno-arterial extracorporeal membrane oxygenation (VA ECMO) after 7 days
Justification Form Status 3	Non-dischargeable, surgically implanted, non-endovascular left ventricular assist device (LVAD) after 14 days
Justification Form Status 3	Percutaneous endovascular circulatory support device after 14 days
Justification Form Status 3	Intra-aortic balloon pump after 14 days
Justification Form Status 3	Exception for status 3
Justification Form Status 3	This exception request is specifically related to a device recall
Justification Form Status 3	Clinical Narrative
Justification Form Status 4	Primary device
Justification Form Status 4	Non-Dischargeable VAD Device Brand
Justification Form Status 4	Other specify
Justification Form Status 4	Dischargeable VAD Device Brand
Justification Form Status 4	Other specify
Justification Form Status 4	Date of implant/initiation
Justification Form Status 4	Time of implant/initiation
Justification Form Status 4	Ventricle support
Justification Form Status 4	Secondary device
Justification Form Status 4	Device Brand
Justification Form Status 4	Other specify
Justification Form Status 4	Date of implant/initiation
Justification Form Status 4	Ventricle support
Justification Form Status 4	Dischargeable left ventricular assist device (LVAD) without discretionary 30 days
Justification Form Status 4	Inotropes without hemodynamic monitoring
Justification Form Status 4	Dobutamine
Justification Form Status 4	Date of Initiation
Justification Form Status 4	Milrinone
Justification Form Status 4	Date of Initiation
Justification Form Status 4	Epinephrine
Justification Form Status 4	Date of Initiation
Justification Form Status 4	Dopamine
Justification Form Status 4	Date of Initiation
Justification Form Status 4	Cardiac index
Justification Form Status 4	Test Date
Justification Form Status 4	Pulmonary capillary wedge pressure
Justification Form Status 4	Test Date
Justification Form Status 4	Congenital heart disease

Justification Form Status 4	Congenital Heart Disease Diagnosis
Justification Form Status 4	Other
Justification Form Status 4	Ischemic heart disease with intractable angina
Justification Form Status 4	Amyloidosis, or hypertrophic or restrictive cardiomyopathy
Justification Form Status 4	Candidate is diagnosed with at least one of the following
Justification Form Status 4	Candidate meets at least one of the following requirements
Justification Form Status 4	New York Heart Association (NYHA) Class III-IV symptoms with either
Justification Form Status 4	Retransplant
Justification Form Status 4	Exception for status 4
Justification Form Status 4	Clinical Narrative
Verify ABO	ABO

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