

Living Donor Follow-Up Worksheet

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.

Donor ID:

Provider Information	
Recipient Center:	
Followup Center:	

Donor Information	
Name:	DOB:
Transplant Date:	
SSN:	Gender:
Donor ID:	Recovery Date:
Organ:	

Donor Status	
Date of Initial Discharge:	
Date of last contact or death:*	<input type="text"/>
Most Recent Donor Status since: *	Living <input type="text"/>
Attempts to Contact:*	<input type="text"/>
Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Functional Status:	<input type="text"/>
Physical Capacity:*	<input type="radio"/> No Limitations <input type="radio"/> Limited Mobility <input type="radio"/> Wheelchair bound or more limited <input type="radio"/> Unknown
Working for Income:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK <input type="radio"/> Disability <input type="radio"/> Insurance Conflict <input type="radio"/> Inability to Find Work <input type="radio"/> Donor Choice - Homemaker <input type="radio"/> Donor Choice - Student Full Time/Part Time <input type="radio"/> Donor Choice - Retired <input type="radio"/> Donor Choice - Other <input type="radio"/> Unknown
If No, Not Working Due To:	
If Yes:	<input type="radio"/> Working Full Time <input type="radio"/> Working Part Time due to Disability <input type="radio"/> Working Part Time due to Insurance Conflict <input type="radio"/> Working Part Time due to Inability to Find Full Time Work <input type="radio"/> Working Part Time due to Donor Choice <input type="radio"/> Working Part Time Reason Unknown <input type="radio"/> Working, Part Time vs. Full Time Unknown
Loss of Insurance Due to Donation:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK <input type="checkbox"/> Loss of Health Insurance <input type="checkbox"/> Loss of Life Insurance
If Yes:	

Clinical Information			
Current weight:*	Date:	<input type="text"/> <input type="text"/> lb	<input type="text"/> kg ST= <input type="checkbox"/>
ER or urgent care visit related to donation since last follow-up:*			
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK			

Liver Clinical Information			
Most Recent Values Since:			
Total Bilirubin:	Date:	<input type="text"/> <input type="text"/> mg/dl	ST= <input type="checkbox"/>
SGOT/AST:	Date:	<input type="text"/> <input type="text"/> U/L	ST= <input type="checkbox"/>
SGPT/ALT:	Date:	<input type="text"/> <input type="text"/> U/L	ST= <input type="checkbox"/>
Alkaline Phosphatase:	Date:	<input type="text"/> <input type="text"/> units/L	ST= <input type="checkbox"/>
Serum Albumin:	Date:	<input type="text"/> <input type="text"/> g/dl	ST= <input type="checkbox"/>
Serum Creatinine:	Date:	<input type="text"/> <input type="text"/> mg/dl	ST= <input type="checkbox"/>
INR:	Date:	<input type="text"/> <input type="text"/>	ST= <input type="checkbox"/>
Platelet count:	Date:	<input type="text"/> <input type="text"/> mL	ST= <input type="checkbox"/>

Kidney Clinical Information			
Most Recent Values Since:			
Serum Creatinine:	Date:	<input type="text"/> <input type="text"/> mg/dl	ST= <input type="checkbox"/>
Blood Pressure Systolic:	Date:	<input type="text"/> <input type="text"/> mm/Hg	ST= <input type="checkbox"/>
Blood Pressure Diastolic:	Date:	<input type="text"/> <input type="text"/> mm/Hg	ST= <input type="checkbox"/>
Donor Developed Hypertension Requiring Medication: <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK			
Urinalysis:			
Urine Protein:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Unknown		
or			
Protein-Creatinine Ratio:	<input type="text"/> GM/GM		
Diabetes: <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK			
Treatment:	<input type="checkbox"/> Insulin <input type="checkbox"/> Oral Hypoglycemic Agent <input type="checkbox"/> Diet		

Lung Clinical Information	
Activity Level:	<input type="radio"/> No change in activity level <input type="radio"/> Mild decrease in activity level <input type="radio"/> Moderate decrease in activity level <input type="radio"/> Severe decrease in activity level <input type="radio"/> Increase in activity level <input type="radio"/> Unknown
Chronic Incisional Pain:	<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown

Complications	
Has the donor been readmitted since: <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
If Yes, Date of First Readmission:	<input type="text"/> ST= <input type="checkbox"/>
Specify Reason for First Readmission:	<input type="text"/>

Regularly administered dialysis as an ESRD patient: YES NO UNK

If Yes, Date First Dialyzed:

Kidney Complications since: YES NO UNK

If Yes: Added to UNOS TX candidate waiting list
 Other, specify

Specify: Example: A kidney requiring dialysis, CKD stage IV

Liver Complications since: YES NO UNK

If Yes: Bile Leak
 Hepatic Resection
 Abscess
 Liver Failure
 Added to UNOS TX candidate waiting list
 Incisional hernia due to donation surgery
 Other, specify

Specify:

Complications since: YES NO

Specify:

Recipient Information

Name:

Transplant Date:

SSN: