

Records

Living Donor Follow-Up Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 03/31/2015

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: * <input type="text" value="Living"/>
Attempts to Collect: * <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

If No, Not Working Due To:

- Inability to Find Work
- Donor Choice - Homemaker
- Donor Choice - Student Full Time/Part Time
- Donor Choice - Retired
- Donor Choice - Other
- Unknown

If Yes:

- Working Full Time
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Donor Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

Clinical Information

Current weight: *

lb

kg

ST=

Were any of the following procedures performed since:

CAT Scan:

- Not Done
- Yes, Normal Results
- Yes, Specify Results
- Unknown

Specify:

MRI:

- Not Done
- Yes, Normal Results
- Yes, Specify Results
- Unknown

Specify:

- Not Done

Ultrasound:

Yes, Normal Results

Yes, Specify Results

Unknown

Specify:

Liver Clinical Information

Most Recent Values Since:

Total Bilirubin: mg/dl ST=

SGOT/AST: U/L ST=

SGPT/ALT: U/L ST=

Alkaline Phosphatase: units/L ST=

Serum Albumin: g/dl ST=

Serum Creatinine: mg/dl ST=

INR: ST=

Kidney Clinical Information

Most Recent Values Since:

Serum Creatinine: mg/dl ST=

Blood Pressure Systolic: mm/Hg ST=

Blood Pressure Diastolic: mm/Hg ST=

Donor Developed Hypertension Requiring Medication:

YES NO UNK

Urinalysis:

Urine Protein:

Positive

Negative

Not Done

Unknown

or

Protein-Creatinine Ratio:

Maintenance Dialysis:

YES NO UNK

If Yes, Date First Dialyzed:

Diabetes:

YES NO UNK

Treatment:

Insulin

Oral Hypoglycemic Agent

Diet

Lung Clinical Information

Activity Level:

No change in activity level

Mild decrease in activity level

Moderate decrease in activity level

Severe decrease in activity level

Increase in activity level

Unknown

Chronic Incisional Pain:

Mild

Moderate

Severe

Unknown

Complications

Has the donor been readmitted since:

YES NO UNK

If Yes, Date of First Readmission:

ST=

Specify Reason for First Readmission:

Kidney Complications since:

YES NO UNK

If Yes:

Added to UNOS TX candidate waiting list

Other, specify

Specify:

Liver Complications since:

YES NO UNK

Bile Leak

Hepatic Resection

If Yes:

Abscess

Liver Failure

Added to UNOS TX candidate waiting list

Other, specify

Specify:

Complications since: *

YES NO

Specify:

Recipient Information

Name:

Transplant Date:

SSN: