

# Adult Liver Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2023

Note: These worksheets are provided to function as a guide to what data will be required in the online TIED1® 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 TIED1® 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.

<b>Provider Information</b>								
Recipient Center: <input style="width: 100%;" type="text"/>								
<b>Candidate Information</b>								
<b>Organ Registered:</b>	<b>Date of Listing or Add:</b>							
<b>Last Name:*</b>	<b>First Name:*</b>	<b>MI:</b>						
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>						
<b>Previous Surname:</b>								
<input style="width: 100%;" type="text"/>								
<b>SSN:</b>	<b>Gender:*</b>	<input type="radio"/> Male <input type="radio"/> Female						
<b>HIC:</b>	<b>DOB:*</b>	<input style="width: 100%;" type="text"/>						
<b>State of Permanent Residence:*</b>	<input style="width: 100%;" type="text"/>							
<b>Permanent ZIP Code:*</b>	<input style="width: 100%;" type="text"/> - <input style="width: 100%;" type="text"/>							
<b>Ethnicity/Race:*</b>								
<b>(select all origins that apply)</b>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>American Indian or Alaska Native</b>  <input type="checkbox"/> American Indian  <input type="checkbox"/> Eskimo  <input type="checkbox"/> Aleutian  <input type="checkbox"/> Alaska Indian  <input type="checkbox"/> American Indian or Alaska Native: Other  <input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown             </td> <td style="width: 50%; vertical-align: top;"> <b>Asian</b>  <input type="checkbox"/> Asian Indian/Indian Sub-Continent  <input type="checkbox"/> Chinese  <input type="checkbox"/> Filipino  <input type="checkbox"/> Japanese  <input type="checkbox"/> Korean  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Asian: Other  <input type="checkbox"/> Asian: Not Specified/Unknown             </td> </tr> <tr> <td style="vertical-align: top;"> <b>Black or African American</b>  <input type="checkbox"/> African American  <input type="checkbox"/> African (Continental)  <input type="checkbox"/> West Indian  <input type="checkbox"/> Haitian  <input type="checkbox"/> Black or African American: Other  <input type="checkbox"/> Black or African American: Not Specified/Unknown             </td> <td style="vertical-align: top;"> <b>Hispanic/Latino</b>  <input type="checkbox"/> Mexican  <input type="checkbox"/> Puerto Rican (Mainland)  <input type="checkbox"/> Puerto Rican (Island)  <input type="checkbox"/> Cuban  <input type="checkbox"/> Hispanic/Latino: Other  <input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown             </td> </tr> <tr> <td style="vertical-align: top;"> <b>Native Hawaiian or Other Pacific Islander</b>  <input type="checkbox"/> Native Hawaiian  <input type="checkbox"/> Guamanian or Chamorro  <input type="checkbox"/> Samoan  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown             </td> <td style="vertical-align: top;"> <b>White</b>  <input type="checkbox"/> European Descent  <input type="checkbox"/> Arab or Middle Eastern  <input type="checkbox"/> North African (non-Black)  <input type="checkbox"/> White: Other  <input type="checkbox"/> White: Not Specified/Unknown             </td> </tr> </table>			<b>American Indian or Alaska Native</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleutian <input type="checkbox"/> Alaska Indian <input type="checkbox"/> American Indian or Alaska Native: Other <input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	<b>Asian</b> <input type="checkbox"/> Asian Indian/Indian Sub-Continent <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian: Other <input type="checkbox"/> Asian: Not Specified/Unknown	<b>Black or African American</b> <input type="checkbox"/> African American <input type="checkbox"/> African (Continental) <input type="checkbox"/> West Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Black or African American: Other <input type="checkbox"/> Black or African American: Not Specified/Unknown	<b>Hispanic/Latino</b> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican (Mainland) <input type="checkbox"/> Puerto Rican (Island) <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic/Latino: Other <input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown	<b>Native Hawaiian or Other Pacific Islander</b> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown	<b>White</b> <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other <input type="checkbox"/> White: Not Specified/Unknown
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<b>Citizenship:*</b>								
<input type="radio"/> <b>US Citizen</b> <input type="radio"/> <b>Non-US Citizen/US Resident</b> <input type="radio"/> <b>Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant</b> <input type="radio"/> <b>Non-US Citizen/Non-US Resident, Traveled to US for Transplant</b>								
<b>Country of Permanent Residence:</b>	<input style="width: 100%;" type="text"/>							
Year of Entry to the U.S.	<input style="width: 100%;" type="text"/>	ST= <input style="width: 50px;" type="text"/>						
<b>Highest Education Level:*</b>								
<input type="radio"/> <b>NONE</b> <input type="radio"/> <b>GRADE SCHOOL (0-8)</b> <input type="radio"/> <b>HIGH SCHOOL (9-12) or GED</b> <input type="radio"/> <b>ATTENDED COLLEGE/TECHNICAL SCHOOL</b> <input type="radio"/> <b>ASSOCIATE/BACHELOR DEGREE</b> <input type="radio"/> <b>POST-COLLEGE GRADUATE DEGREE</b> <input type="radio"/> <b>N/A (&lt; 5 YRS OLD)</b> <input type="radio"/> <b>UNKNOWN</b>								
<b>Patient on Life Support:*</b>								
<input type="radio"/> YES <input type="radio"/> NO								

Ventilator  
 Artificial Liver  
 Other Mechanism, Specify

Specify:

**Functional Status:** \*

**Working for income:** \*  YES  NO  UNK

**Previous Transplants:**

Organ	Date	Graft Fail Date

*The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.*

**Previous Pancreas Islet Infusion:** \*  YES  NO  UNK

**Source of Payment:**

**Primary:** \*

Specify:

**Clinical Information: AT LISTING**

**Height:** \*  ft.  in.  cm **ST=**

**Weight:** \*  lbs  kg **ST=**

**BMI:**  kg/m<sup>2</sup>

**ABO Blood Group:**

**Primary Diagnosis:** \*

Specify:

**Secondary Diagnosis:**

Specify:

**General Medical Factors:**

No

Type I

Type II

Type Other

Type Unknown

Diabetes Status Unknown

**Diabetes:** \*

**Any previous Malignancy:** \*  YES  NO

Skin Melanoma  
 Skin Non-Melanoma  
 CNS Tumor  
 Genitourinary  
 Breast  
 Thyroid  
 Tongue/Throat/Larynx  
 Lung  
 Leukemia/Lymphoma  
 Liver  
 Hepatoblastoma  
 Hepatocellular Carcinoma  
 Cholangiocarcinoma  
 Other, specify

Specify Type:

Specify:

**Neoadjuvant Therapy?**  YES  NO

**Has the candidate ever had a diagnosis of HCC?** \*  YES  NO

### Liver Medical Factors

Previous Abdominal Surgery:\*  YES  NO  UNK

Spontaneous Bacterial Peritonitis:\*  YES  NO  UNK

History of Portal Vein Thrombosis:\*  YES  NO  UNK

Transjugular Intrahepatic Portosystemic Shunt:\*  YES  NO  UNK