

# Adult Pancreas 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
<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							
<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>Functional Status:*</b>	<input style="width: 100%;" type="text"/>							

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:

General Medical Factors:

Diabetes: \*  No  
 Type I  
 Type II  
 Type Other  
 Type Unknown  
 Diabetes Status Unknown

Patient on Insulin? \*  YES  NO  UNK

Date Insulin Initiated:  ST=

Average total insulin dosage per day:  units/kg/day ST=

Insulin duration of use:  days ST=

Symptomatic Peripheral Vascular Disease: \*  YES  NO  UNK

Drug Treated COPD: \*  YES  NO  UNK

Any previous Malignancy: \*  YES  NO

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

Specify Type:

Specify:

Total Serum Albumin: \*  g/dl ST=

C-peptide Value: \*  ng/mL ST=

HbA1c: \*  % ST=

Pancreas Medical Factors

Age of Diabetes Onset:

yrs

ST=