

## Adult Intestine Transplant Recipient Registration 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.

Recipient Information	
<b>Name:</b>	<b>DOB:</b>
<b>SSN:</b>	<b>Gender:</b>
<b>HIC:</b>	<b>Tx Date:</b>
<b>State of Permanent Residence: *</b>	<input type="text"/>
<b>Permanent Zip: *</b>	<input type="text"/> - <input type="text"/>

Provider Information	
<b>Recipient Center:</b>	
<b>Surgeon Name: *</b>	<input type="text"/>
<b>NPI#: *</b>	<input type="text"/>

Donor Information	
<b>UNOS Donor ID #:</b>	
<b>Recovering OPO:</b>	
<b>Donor Type:</b>	

Patient Status	
<b>Primary Diagnosis: *</b>	<input type="text"/>
Specify:	<input type="text"/>
<b>Secondary Diagnosis:</b>	<input type="text"/>
Specify:	<input type="text"/>
<b>Date: Last Seen, Retransplanted or Death *</b>	<input type="text"/>
<b>Patient Status: *</b>	<input type="radio"/> <b>LIVING</b> <input type="radio"/> <b>DEAD</b> <input type="radio"/> <b>RETRANSPLANTED</b>
<b>Primary Cause of Death:</b>	<input type="text"/>
Specify:	<input type="text"/>
<b>Contributory Cause of Death:</b>	<input type="text"/>
Specify:	<input type="text"/>
<b>Contributory Cause of Death:</b>	<input type="text"/>
Specify:	<input type="text"/>
<b>Transplant Hospitalization:</b>	
<b>Date of Admission to Tx Center: *</b>	<input type="text"/>
<b>Date of Discharge from Tx Center:</b>	<input type="text"/>

Clinical Information : PRETRANSPLANT	
<b>Medical Condition at time of transplant: *</b>	<input type="radio"/> <b>IN INTENSIVE CARE UNIT</b> <input type="radio"/> <b>HOSPITALIZED NOT IN ICU</b> <input type="radio"/> <b>NOT HOSPITALIZED</b>
<b>Patient on Life Support: *</b>	<input type="radio"/> <b>YES</b> <input type="radio"/> <b>NO</b> <input type="checkbox"/> Ventilator <input type="checkbox"/> Artificial Liver <input type="checkbox"/> Other Mechanism, Specify <input type="text"/>
Specify:	<input type="text"/>
<b>Functional Status: *</b>	<input type="text"/>
<b>Working for income: *</b>	<input type="radio"/> <b>YES</b> <input type="radio"/> <b>NO</b> <input type="radio"/> <b>UNK</b>

Source of Payment:

Primary: \*

Specify:

Height: \*

 ft.  in.  cm

ST=

Weight: \*

 lbs  kg

ST=

BMI:

kg/m<sup>2</sup>

Previous Transplants:

Previous Transplant Organ	Previous Transplant Date	Previous Transplant 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.

Viral Detection:

HIV Serostatus: \*

- Positive
- Negative
- Not Done
- UNK/ Cannot Disclose

CMV Status: \*

- Positive
- Negative
- Not Done
- UNK/ Cannot Disclose

HBV Surface Antibody Total: \*

- Positive
- Negative
- Not Done
- UNK/ Cannot Disclose

HBV Core Antibody: \*

- Positive
- Negative
- Not Done
- UNK/ Cannot Disclose

HBV Surface Antigen: \*

- Positive
- Negative
- Not Done
- UNK/ Cannot Disclose

HCV Serostatus: \*

- Positive
- Negative
- Not Done
- UNK/ Cannot Disclose

EBV Serostatus: \*

- Positive
- Negative
- Not Done
- UNK/ Cannot Disclose

Vaccination Status:

Did the recipient receive Hepatitis B vaccines prior to transplant?: \*

- YES
- NO
- UNK

Reason not vaccinated:

- Immunity
- Medical precaution
- Time constraints
- Patient objection
- Product out of stock
- Other, specify

Specify:

**NAT Results:**

HIV NAT: \*  Positive  
 Negative  
 Not Done  
 UNK/ Cannot Disclose

HBV NAT: \*  Positive  
 Negative  
 Not Done  
 UNK/ Cannot Disclose

HCV NAT: \*  Positive  
 Negative  
 Not Done  
 UNK/ Cannot Disclose

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**Total Bilirubin: \***  mg/dl **ST=**

**Serum Albumin: \***  g/dl **ST=**

**Serum Creatinine: \***  mg/dl **ST=**

**Clinical Information : TRANSPLANT PROCEDURE**

**Multiple Organ Recipient**

**Were extra vessels used in the transplant procedure:**

**Procedure Information:**

**Intestine Venous Drainage: \***  Portal  Systemic

**Native Viscera Venous Drainage: \***  Portal  Systemic

**Procedure Type:**

Whole Intestine  
 Intestine Segment  
 Whole Intestine with Pancreas (Technical Reasons)  
 Intestine Segment with Pancreas (Technical Reasons)

**Organ Type: \***

Stomach  
 Small Intestine  
 Duodenum  
 Large Intestine

**Preservation Information:**

**Total Ischemic Time (include cold, warm and anastomotic time): \***  hrs **ST=**

**Risk Factors:**

**Recent Septicemia: \***  YES  NO  UNK

**Exhausted Vascular Access: \***  YES  NO  UNK

**Previous Abdominal Surgery: \***  YES  NO  UNK

**Dilated/ Non-Functional Bowel Segments: \***  YES  NO  UNK

**Other:**

**Clinical Information : POST TRANSPLANT**

**Graft Status: \***  Functioning  Failed

If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.

TPN Dependent:

YES  NO

IV Dependent:

YES  NO

Oral Feeding:

YES  NO

Tube Feed:

YES  NO

Date of Graft Failure:

Primary Cause of Graft Failure:

- RECURRENT TUMOR
- ACUTE REJECTION
- CHRONIC REJECTION
- TECHNICAL PROBLEMS
- INFECTION
- LYMPHOPROLIFERATIVE DISEASE
- GRAFT VERSUS HOST DISEASE
- ISCHEMIA/NEC LIKE SYNDROME
- OTHER SPECIFY

Specify:

Did patient have any acute rejection episodes between transplant and discharge:\*

- Yes, at least one episode treated with anti-rejection agent
- Yes, none treated with additional anti-rejection agent
- No

#### Immunosuppressive Information

Are any medications given currently for maintenance or anti-rejection:\*

YES  NO

#### Immunosuppressive Medications

[View Immunosuppressive Medications](#)