Adult Kidney Transplant Candidate 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.

Provider Information
Recipient Center:

Candidate Information

<table>
<thead>
<tr>
<th>Organ Registered:</th>
<th>Date of Listing or Add:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name: *</td>
<td>First Name: *</td>
</tr>
<tr>
<td>Previous Surname:</td>
<td></td>
</tr>
<tr>
<td>SSN:</td>
<td>Birth sex: *</td>
</tr>
<tr>
<td>HIC:</td>
<td>DOB: *</td>
</tr>
<tr>
<td>State of Permanent Residence: *</td>
<td></td>
</tr>
<tr>
<td>Permanent ZIP Code: *</td>
<td></td>
</tr>
</tbody>
</table>

Ethnicity: *
- Hispanic or Latino
- Not Hispanic or Latino
- Ethnicity not reported

Race: *
- American Indian or Alaska Native
  - American Indian
  - Eskimo
  - Aleutian
  - Alaska Native
  - American Indian or Alaska Native: Other origin
  - American Indian or Alaska Native: Origin not reported
- Black or African American
  - African American
  - African (Continental)
  - West African
  - Haitian
  - Black or African American: Other origin
  - Black or African American: Origin not reported
- White
  - European Descent
  - Arab or Middle Eastern
  - North African (non-Black)
  - White: Other origin
  - White: Origin not reported
- Asian
  - Asian Indian
  - Asian Indian: Sub-Continent
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Asian: Other origin
  - Asian: Origin not reported
- Native Hawaiian or Other Pacific Islander
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Native Hawaiian or Other Pacific Islander: Other origin
  - Native Hawaiian or Other Pacific Islander: Origin not reported
- Other
  - Race not reported

Citizenship: *
- US Citizen
- Non-US Citizen/US Resident
- Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant
- Non-US Citizen/Non-US Resident, Traveled to US for Transplant

Country of Permanent Residence: |
Year of Entry to the U.S. |
ST= |

Highest Education Level: *
- NONE
- GRADE SCHOOL (0-8)
- HIGH SCHOOL (9-12) or GED
- ATTENDED COLLEGE/TECHNICAL SCHOOL
- ASSOCIATE/BACHELOR DEGREE
- POST-COLLEGE GRADUATE DEGREE
- N/A (< 5 YRS OLD)
- UNKNOWN
### Functional Status:
- Working for income: [ ] YES [ ] NO [ ] UNK

### Previous Transplants:
<table>
<thead>
<tr>
<th>Organ</th>
<th>Date</th>
<th>Graft Fail Date</th>
</tr>
</thead>
</table>

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 [ ]

#### Weight:
- lbs [__] kg [ ]

#### BMI:
- kg/m^2 [ ]

#### ABO Blood Group:
- [ ]

#### Primary Diagnosis:
- Specify:

#### General Medical Factors:

- **Diabetes:**
  - [ ] No
  - [ ] Type I
  - [ ] Type II
  - [ ] Type Other
  - [ ] Type Unknown
  - [ ] Diabetes Status Unknown

- **Symptomatic Peripheral Vascular Disease:** [ ]

- **Any previous Malignancy:**
  - [ ] YES [ ] NO [ ] UNK
  - Specify Type:
    - [ ] Skin Melanoma
    - [ ] Skin Non-Melanoma
    - [ ] CNS Tumor
    - [ ] Genitourinary
    - [ ] Breast
    - [ ] Thyroid
    - [ ] Tongue/Throat/Larynx
    - [ ] Lung
    - [ ] Leukemia/Lymphoma
    - [ ] Liver
    - [ ] Other, specify
  - Specify:

- **Total Serum Albumin:**
  - g/dl [__] ST=[ ]

### Kidney Medical Factors

- **Exhausted Vascular Access:** [ ]
  - [ ] YES [ ] NO [ ] UNK

- **Exhausted Peritoneal Access:** [ ]
  - [ ] YES [ ] NO [ ] UNK

- **Age of Diabetes Onset:** yrs [__] ST=[ ]