

Pediatric Kidney/Pancreas 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		
Organ Registered:	Date of Listing or Add:	
Last Name:*	First Name:*	MI:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Surname:	<input type="text"/>	
SSN:	Birth sex:*	<input type="radio"/> Male <input type="radio"/> Female
HIC:	<input type="text"/>	DOB:* <input type="text"/>
State of Permanent Residence:*	<input type="text"/>	
Permanent ZIP Code:*	<input type="text"/> - <input type="text"/>	
Ethnicity:*	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Ethnicity not reported	
Race:*	<p>American Indian or Alaska Native</p> <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 origin <input type="checkbox"/> American Indian or Alaska Native: Origin not reported <p>Black or African American</p> <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 origin <input type="checkbox"/> Black or African American: Origin not reported <p>White</p> <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other origin <input type="checkbox"/> White: Origin not reported <p>Asian</p> <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 origin <input type="checkbox"/> Asian: Origin not reported <p>Native Hawaiian or Other Pacific Islander</p> <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 origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Origin not reported <p>Other</p> <input type="checkbox"/> Race not reported	
Citizenship:*	<input type="radio"/> US Citizen <input type="radio"/> Non-US Citizen/US Resident <input type="radio"/> Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant <input type="radio"/> Non-US Citizen/Non-US Resident, Traveled to US for Transplant	
Country of Permanent Residence:	<input type="text"/>	
Year of Entry to the U.S.	<input type="text"/>	ST= <input type="checkbox"/>
Highest Education Level:*	<input type="radio"/> NONE <input type="radio"/> GRADE SCHOOL (0-8) <input type="radio"/> HIGH SCHOOL (9-12) or GED <input type="radio"/> ATTENDED COLLEGE/TECHNICAL SCHOOL <input type="radio"/> ASSOCIATE/BACHELOR DEGREE <input type="radio"/> POST-COLLEGE GRADUATE DEGREE <input type="radio"/> N/A (< 5 YRS OLD) <input type="radio"/> UNKNOWN	

Functional Status: *

Cognitive Development: *

Definite Cognitive delay/impairment

Probable Cognitive delay/impairment

Questionable Cognitive delay/impairment

No Cognitive delay/impairment

Not Assessed

Motor Development: *

Definite Motor delay/impairment

Probable Motor delay/impairment

Questionable Motor delay/impairment

No Motor delay/impairment

Not Assessed

Academic Progress: *

Within One Grade Level of Peers

Delayed Grade Level

Special Education

Not Applicable, too young for school/ High School graduate or GED

Status Unknown

Academic Activity Level: *

Full academic load

Reduced academic load

Unable to participate in academics due to disease or condition

Unable to participate regularly in academics due to dialysis

Not Applicable, too young for school/ High School graduate or GED

Status Unknown

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.

Source of Payment:

Primary: *

Specify:

Clinical Information: AT LISTING

Height Measurement Date:

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

Weight Measurement Date:

Weight: * lbs kg **ST=**

BMI: kg/m²

Is growth hormone therapy used at time of listing: * YES NO UNK

ABO Blood Group:

Primary Kidney Diagnosis: *

Specify:

Primary Pancreas 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=**

Any previous Malignancy?* YES NO

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=**

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

HbA1c:* % **ST=**

Kidney/Pancreas Medical Factors

Exhausted Vascular Access:* YES NO UNK

Exhausted Peritoneal Access: * YES NO UNK

Age of Diabetes Onset: yrs **ST=**

Bone Disease:

Fracture in the past year (or since last follow-up):* YES NO UNK

Specify Location and number of fractures:*

Spine-compression fracture: # of fractures:

Extremity: # of fractures:

Other: # of fractures:

AVN (avascular necrosis): * YES NO UNK