

Living Donor Follow-Up 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 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.

Donor ID:

Provider Information

Recipient Center:

Followup Center:

Donor Information

Name:

DOB:

Transplant Date:

SSN:

Gender:

Donor ID:

Recovery Date:

Organ:

Donor Status

Date of Initial Discharge:

Date of last contact or death: *

Most Recent Donor Status since: *

Attempts to Contact: *

Cause of Death:

Specify:

Functional Status:

Physical Capacity: *

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Unknown

Working for Income: *

YES NO UNK

Disability

Insurance Conflict

Inability to Find Work

Donor Choice - Homemaker

Donor Choice - Student Full Time/Part Time

Donor Choice - Retired

Donor Choice - Other

Unknown

Working Full Time

Working Part Time due to Disability

Working Part Time due to Insurance Conflict

Working Part Time due to Inability to Find Full Time Work

Working Part Time due to Donor Choice

Working Part Time Reason Unknown

Working, Part Time vs. Full Time Unknown

If No, Not Working Due To:

If Yes:

Loss of Insurance Due to Donation:

YES NO UNK

If Yes:

Loss of Health Insurance

Loss of Life Insurance

Clinical Information

Current weight:* Date: lb kg ST=

ER or urgent care visit related to donation since last follow-up:* YES NO UNK

Liver Clinical Information

Most Recent Values Since:

Total Bilirubin: Date: mg/dl ST=

SGOT/AST: Date: U/L ST=

SGPT/ALT: Date: U/L ST=

Alkaline Phosphatase: Date: units/L ST=

Serum Albumin: Date: g/dl ST=

Serum Creatinine: Date: mg/dl ST=

INR: Date: ST=

Platelet count: Date: mL ST=

Kidney Clinical Information

Most Recent Values Since:

Serum Creatinine: Date: mg/dl ST=

Blood Pressure Systolic: Date: mm/Hg ST=

Blood Pressure Diastolic: Date: mm/Hg ST=

Donor Developed Hypertension Requiring Medication: YES NO UNK

Urinalysis:

Urine Protein: Positive
 Negative
 Not Done
 Unknown

or

Protein-Creatinine Ratio: GM/GM

Diabetes: YES NO UNK

Treatment: Insulin
 Oral Hypoglycemic Agent
 Diet

Lung Clinical Information

Activity Level: No change in activity level
 Mild decrease in activity level
 Moderate decrease in activity level
 Severe decrease in activity level
 Increase in activity level
 Unknown

Chronic Incisional Pain: Mild
 Moderate
 Severe
 Unknown

Complications

Has the donor been readmitted since: YES NO UNK

If Yes, Date of First Readmission: ST=

Specify Reason for First Readmission:

Regularly administered dialysis as an ESRD patient: YES NO UNK

If Yes, Date First Dialyzed:

Kidney Complications since: YES NO UNK

If Yes: Added to UNOS TX candidate waiting list
 Other, specify

Specify: Example: A kidney requiring dialysis, CKD stage IV

Liver Complications since: YES NO UNK

If Yes: Bile Leak
 Hepatic Resection
 Abscess
 Liver Failure
 Added to UNOS TX candidate waiting list
 Incisional hernia due to donation surgery
 Other, specify

Specify:

Complications since: YES NO

Specify:

Recipient Information

Name:

Transplant Date:

SSN: