Pediatric 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>MI:</td>
<td></td>
</tr>
<tr>
<td>Previous Surname:</td>
<td></td>
</tr>
<tr>
<td>SSN:</td>
<td>Birth sex:* Male Female</td>
</tr>
<tr>
<td>HIC:</td>
<td>DOB:*</td>
</tr>
<tr>
<td>State of Permanent Residence:*</td>
<td>Permanent ZIP Code:</td>
</tr>
</tbody>
</table>

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

**Race:**
- American Indian or Alaska Native
  - American Indian
  - Eskimo
  - Kutenian
  - Alaska Indian
  - American Indian or Alaska Native: Other origin
  - American Indian or Alaska Native: Origin not reported
- Black or African American
  - African American
  - African (Continental)
  - West Indian
  - 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/Indian Sub-Continet
  - Chinese
  - 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:**

**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:**

<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.

**Source of Payment:**

Primary:
- Specify:

**Clinical Information: AT LISTING**

**Height Measurement Date:**

**Height:**
- ft.
- in.
- cm

**Weight Measurement Date:**

**Weight:**
- lbs
- kg

**BMI:**

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

**ABO Blood Group:**

**Primary Diagnosis:**
- Specify:

**General Medical Factors:**

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

**Any previous Malignancy:**
- YES
- NO
### Kidney Medical Factors

<table>
<thead>
<tr>
<th>Medical Factor</th>
<th>YES</th>
<th>NO</th>
<th>UNK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhausted Vascular Access</td>
<td>☑️</td>
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<td></td>
</tr>
<tr>
<td>Exhausted Peritoneal Access</td>
<td>☑️</td>
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<tr>
<td>Age of Diabetes Onset:</td>
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<tr>
<td>Bone Disease:</td>
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<tr>
<td>Fracture in the past year (or since last follow-up):</td>
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<tr>
<td>Specify Location and number of fractures:</td>
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<tr>
<td>Spine-compression fracture:</td>
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<tr>
<td>Extremity:</td>
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<td></td>
<td></td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

### Bone Disease:

- **Fracture in the past year (or since last follow-up):**
  - Yes
  - No
  - Unknown

- **Specify Location and number of fractures:**
  - Spine-compression fracture:
    - Number of fractures:
  - Extremity:
    - Number of fractures:
  - Other:
    - Number of fractures:

### Other Medical Factors:

- **Total Serum Albumin:**
  - Specify:
  - Value: g/dl
  - ST: □