

Pediatric Liver Transplant Candidate Registration 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 TJEDI® 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 TJEDI® 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: <input style="width: 100%;" type="text"/>				
Candidate Information				
Organ Registered:	Date of Listing or Add:			
Last Name:* <input style="width: 100%;" type="text"/>	First Name:* <input style="width: 100%;" type="text"/>	MI: <input style="width: 100%;" type="text"/>		
Previous Surname: <input style="width: 100%;" type="text"/>				
SSN: <input style="width: 100%;" type="text"/>	Gender:* <input type="radio"/> Male <input type="radio"/> Female			
HIC: <input style="width: 100%;" type="text"/>	DOB:* <input style="width: 100%;" type="text"/>			
State of Permanent Residence:* <input style="width: 100%;" type="text"/>				
Permanent ZIP Code:* <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>				
Ethnicity/Race:* (select all origins that apply)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> American Indian or Alaska Native <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 <input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown Black or African American <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 <input type="checkbox"/> Black or African American: Not Specified/Unknown Native Hawaiian or Other Pacific Islander <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 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown </td> <td style="width: 50%; vertical-align: top;"> Asian <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 <input type="checkbox"/> Asian: Not Specified/Unknown Hispanic/Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican (Mainland) <input type="checkbox"/> Puerto Rican (Island) <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic/Latino: Other <input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown White <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other <input type="checkbox"/> White: Not Specified/Unknown </td> </tr> </table>			American Indian or Alaska Native <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 <input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown Black or African American <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 <input type="checkbox"/> Black or African American: Not Specified/Unknown Native Hawaiian or Other Pacific Islander <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 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown	Asian <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 <input type="checkbox"/> Asian: Not Specified/Unknown Hispanic/Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican (Mainland) <input type="checkbox"/> Puerto Rican (Island) <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic/Latino: Other <input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown White <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other <input type="checkbox"/> White: Not Specified/Unknown
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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 style="width: 100%;" type="text"/>				
Year of Entry to the U.S. <input style="width: 100%;" 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				
Patient on Life Support:* <input type="radio"/> YES <input type="radio"/> NO				

Ventilator
 Artificial Liver
 Other Mechanism, Specify

Specify:

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 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

Date of Measurement:

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

Weight: * lbs kg **ST=**

BMI: kg/m²

ABO Blood Group:

Primary Diagnosis: *

Specify:

Secondary Diagnosis:

Specify:

General Medical Factors:

Diabetes:*	<input type="radio"/> No <input type="radio"/> Type I <input type="radio"/> Type II <input type="radio"/> Type Other <input type="radio"/> Type Unknown <input type="radio"/> Diabetes Status Unknown
Any previous Malignancy:*	<input type="radio"/> YES <input type="radio"/> NO <input type="checkbox"/> Skin Melanoma <input type="checkbox"/> Skin Non-Melanoma <input type="checkbox"/> CNS Tumor <input type="checkbox"/> Genitourinary <input type="checkbox"/> Breast <input type="checkbox"/> Thyroid <input type="checkbox"/> Tongue/Throat/Larynx <input type="checkbox"/> Lung <input type="checkbox"/> Leukemia/Lymphoma <input type="checkbox"/> Liver <input type="checkbox"/> Hepatoblastoma <input type="checkbox"/> Hepatocellular Carcinoma <input type="checkbox"/> Cholangiocarcinoma <input type="checkbox"/> Other, specify
Specify Type:	
Specify:	<input type="text"/>
Neoadjuvant Therapy?	<input type="radio"/> YES <input type="radio"/> NO
Has the candidate ever had a diagnosis of HCC?*	<input type="radio"/> YES <input type="radio"/> NO

Liver Medical Factors	
Previous Abdominal Surgery:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Spontaneous Bacterial Peritonitis:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
History of Portal Vein Thrombosis:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Transjugular Intrahepatic Portosystemic Shunt:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK