

## Pediatric 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.

|   |  |   |   |  |   |  |   |   |
|---|--|---|---|--|---|--|---|---|
| <b>Provider Information</b>   |  |   |   |  |   |  |   |   |
| Recipient Center: <input style="width: 100%;" type="text"/>   |  |   |   |  |   |  |   |   |
| <b>Candidate Information</b>  |  |   |   |  |   |  |   |   |
| Organ Registered:   | Date of Listing or Add: <input style="width: 100%;" type="text"/>  |   |   |  |   |  |   |   |
| 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"/>  | Birth sex: * <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: 100%;" type="text"/> - <input style="width: 100%;" type="text"/>   |  |   |   |  |   |  |   |   |
| Ethnicity: * <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Ethnicity not reported   |  |   |   |  |   |  |   |   |
| Race: *   |  |   |   |  |   |  |   |   |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>American Indian or Alaska Native</p> <input type="checkbox"/> American Indian<br/> <input type="checkbox"/> Eskimo<br/> <input type="checkbox"/> Aleutian<br/> <input type="checkbox"/> Alaska Indian<br/> <input type="checkbox"/> American Indian or Alaska Native: Other origin<br/> <input type="checkbox"/> American Indian or Alaska Native: Origin not reported</td> <td style="width: 33%; vertical-align: top;"> <p>Asian</p> <input type="checkbox"/> Asian Indian/Indian Sub-Continent<br/> <input type="checkbox"/> Chinese<br/> <input type="checkbox"/> Filipino<br/> <input type="checkbox"/> Japanese<br/> <input type="checkbox"/> Korean<br/> <input type="checkbox"/> Vietnamese<br/> <input type="checkbox"/> Asian: Other origin<br/> <input type="checkbox"/> Asian: Origin not reported</td> <td style="width: 33%; vertical-align: top;"> <p>Black or African American</p> <input type="checkbox"/> African American<br/> <input type="checkbox"/> African (Continental)<br/> <input type="checkbox"/> West Indian<br/> <input type="checkbox"/> Haitian<br/> <input type="checkbox"/> Black or African American: Other origin<br/> <input type="checkbox"/> Black or African American: Origin not reported</td> </tr> <tr> <td style="vertical-align: top;"> <p>White</p> <input type="checkbox"/> European Descent<br/> <input type="checkbox"/> Arab or Middle Eastern<br/> <input type="checkbox"/> North African (non-Black)<br/> <input type="checkbox"/> White: Other origin<br/> <input type="checkbox"/> White: Origin not reported</td> <td style="vertical-align: top;"> <p>Native Hawaiian or Other Pacific Islander</p> <input type="checkbox"/> Native Hawaiian<br/> <input type="checkbox"/> Guamanian or Chamorro<br/> <input type="checkbox"/> Samoan<br/> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other origin<br/> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Origin not reported</td> <td style="vertical-align: top;"> <p>Other</p> <input type="checkbox"/> Race not reported</td> </tr> </table> |  |   | <p>American Indian or Alaska Native</p> <input type="checkbox"/> American Indian<br><input type="checkbox"/> Eskimo<br><input type="checkbox"/> Aleutian<br><input type="checkbox"/> Alaska Indian<br><input type="checkbox"/> American Indian or Alaska Native: Other origin<br><input type="checkbox"/> American Indian or Alaska Native: Origin not reported | <p>Asian</p> <input type="checkbox"/> Asian Indian/Indian Sub-Continent<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Filipino<br><input type="checkbox"/> Japanese<br><input type="checkbox"/> Korean<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Asian: Other origin<br><input type="checkbox"/> Asian: Origin not reported | <p>Black or African American</p> <input type="checkbox"/> African American<br><input type="checkbox"/> African (Continental)<br><input type="checkbox"/> West Indian<br><input type="checkbox"/> Haitian<br><input type="checkbox"/> Black or African American: Other origin<br><input type="checkbox"/> Black or African American: Origin not reported | <p>White</p> <input type="checkbox"/> European Descent<br><input type="checkbox"/> Arab or Middle Eastern<br><input type="checkbox"/> North African (non-Black)<br><input type="checkbox"/> White: Other origin<br><input type="checkbox"/> White: Origin not reported | <p>Native Hawaiian or Other Pacific Islander</p> <input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Guamanian or Chamorro<br><input type="checkbox"/> Samoan<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other origin<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Origin not reported | <p>Other</p> <input type="checkbox"/> Race not reported |
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| Citizenship: *  |  |   |   |  |   |  |   |   |
| <input type="radio"/> US Citizen<br><input type="radio"/> Non-US Citizen/US Resident<br><input type="radio"/> Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant<br><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<br><input type="radio"/> GRADE SCHOOL (0-8)<br><input type="radio"/> HIGH SCHOOL (9-12) or GED<br><input type="radio"/> ATTENDED COLLEGE/TECHNICAL SCHOOL<br><input type="radio"/> ASSOCIATE/BACHELOR DEGREE<br><input type="radio"/> POST-COLLEGE GRADUATE DEGREE<br><input type="radio"/> N/A (< 5 YRS OLD)<br><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 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/m<sup>2</sup>

**ABO Blood Group:**

**Primary Diagnosis:** \*

Specify:

**General Medical Factors:**

**Diabetes:** \*

No

Type I

Type II

Type Other

Type Unknown

Diabetes Status Unknown

**Patient on Insulin?** \*

YES  NO  UNK

|  |  |                                     |
|--|--|-------------------------------------|
| <b>Date Insulin Initiated:</b>               | <input type="text"/>   | <b>ST=</b> <input type="checkbox"/> |
| <b>Average total insulin dosage per day:</b> | <input type="text"/> units/kg/day  | <b>ST=</b> <input type="checkbox"/> |
| <b>Insulin duration of use:</b>              | <input type="text"/> days  | <b>ST=</b> <input type="checkbox"/> |
| <b>Any previous Malignancy:*</b>             | <input type="radio"/> YES <input type="radio"/> NO   |                                     |
| Specify Type:                                | <input type="checkbox"/> Skin Melanoma<br><input type="checkbox"/> Skin Non-Melanoma<br><input type="checkbox"/> CNS Tumor<br><input type="checkbox"/> Genitourinary<br><input type="checkbox"/> Breast<br><input type="checkbox"/> Thyroid<br><input type="checkbox"/> Tongue/Throat/Larynx<br><input type="checkbox"/> Lung<br><input type="checkbox"/> Leukemia/Lymphoma<br><input type="checkbox"/> Liver<br><input type="checkbox"/> Other, specify |                                     |
| Specify:                                     | <input type="text"/>   |                                     |
| <b>Total Serum Albumin: *</b>                | <input type="text"/> g/dl  | <b>ST=</b> <input type="checkbox"/> |
| <b>C-peptide Value:*</b>                     | <input type="text"/> ng/mL   | <b>ST=</b> <input type="checkbox"/> |
| <b>HbA1c:*</b>                               | <input type="text"/> %   | <b>ST=</b> <input type="checkbox"/> |

|                                 |                          |                                     |
|---------------------------------|--------------------------|-------------------------------------|
| <b>Pancreas Medical Factors</b> |                          |                                     |
| <b>Age of Diabetes Onset:</b>   | <input type="text"/> yrs | <b>ST=</b> <input type="checkbox"/> |