

Pediatric Kidney-Pancreas Transplant Recipient 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 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.

Recipient Information	
Name:	DOB:
SSN:	Gender:
HIC:	Tx Date:
State of Permanent Residence: *	<input type="text"/>
Permanent Zip: *	<input type="text"/> - <input type="text"/>

Provider Information	
Recipient Center:	
Surgeon Name: *	<input type="text"/>
NPI#: *	<input type="text"/>

Donor Information	
UNOS Donor ID #:	
Recovering OPO:	
Donor Type:	

Patient Status	
Kidney Primary Diagnosis: *	<input type="text"/>
Specify:	<input type="text"/>
Pancreas Primary Diagnosis: *	<input type="text"/>
Specify:	<input type="text"/>
Date: Last Seen, Retransplanted or Death *	<input type="text"/>
Patient Status: *	<input type="radio"/> LIVING <input type="radio"/> DEAD <input type="radio"/> RETRANSPLANTED
Retransplanted organ:	<input type="radio"/> Kidney <input type="radio"/> Pancreas <input type="radio"/> Kidney/Pancreas
Primary Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Contributory Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Contributory Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Transplant Hospitalization:	
Date of Admission to Tx Center: *	<input type="text"/>
Date of Discharge from Tx Center:	<input type="text"/>

Clinical Information : PRETRANSPLANT	
Functional Status: *	<input type="text"/>
Cognitive Development: *	<input type="radio"/> Definite Cognitive delay/impairment <input type="radio"/> Probable Cognitive delay/impairment <input type="radio"/> Questionable Cognitive delay/impairment <input type="radio"/> No Cognitive delay/impairment <input type="radio"/> Not Assessed

<p>Motor Development: *</p>	<p><input type="radio"/> Probable Motor delay/impairment</p> <p><input type="radio"/> Questionable Motor delay/impairment</p> <p><input type="radio"/> No Motor delay/impairment</p> <p><input type="radio"/> Not Assessed</p>	
<p>Academic Progress: *</p>	<p><input type="radio"/> Within One Grade Level of Peers</p> <p><input type="radio"/> Delayed Grade Level</p> <p><input type="radio"/> Special Education</p> <p><input type="radio"/> Not Applicable, too young for school/ High School graduate or GED</p> <p><input type="radio"/> Status Unknown</p>	
<p>Academic Activity Level: *</p>	<p><input type="radio"/> Full academic load</p> <p><input type="radio"/> Reduced academic load</p> <p><input type="radio"/> Unable to participate in academics due to disease or condition</p> <p><input type="radio"/> Unable to participate regularly in academics due to dialysis</p> <p><input type="radio"/> Not Applicable, too young for school/ High School graduate or GED</p> <p><input type="radio"/> Status Unknown</p>	
<p>Kidney Source of Payment:</p> <p>Primary: * <input type="text"/></p> <p>Specify: <input type="text"/></p> <p>Pancreas Source of Payment:</p> <p>Primary: * <input type="text"/></p> <p>Specify: <input type="text"/></p>		
<p>Date of Measurement: <input type="text"/></p> <p>Height: * <input type="text"/> ft. <input type="text"/> in. <input type="text"/> cm ST= <input type="checkbox"/></p> <p>Weight: * <input type="text"/> kg ST= <input type="checkbox"/></p> <p>BMI: <input type="text"/> kg/m²</p>		
Previous Transplants:		
Previous Transplant Organ	Previous Transplant Date	Previous Transplant Graft Fail Date
<p><i>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.</i></p>		
<p>Pretransplant Dialysis: *</p> <p>If Yes, Date of Most Recent Initiation of Chronic Maintenance Dialysis: <input type="text"/></p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK</p> <p>ST= <input type="checkbox"/></p>	
<p>Average Daily Insulin Units: *</p> <p><input type="text"/> units/kg/day</p>	<p>ST= <input type="checkbox"/></p>	
<p>Serum Creatinine at Time of Tx: *</p> <p><input type="text"/> mg/dl</p>	<p>ST= <input type="checkbox"/></p>	
Viral Detection:		
<p>HIV Serostatus: *</p>	<p><input type="radio"/> Positive</p> <p><input type="radio"/> Negative</p> <p><input type="radio"/> Not Done</p> <p><input type="radio"/> UNK/ Cannot Disclose</p>	
<p>CMV Status *</p>	<p><input type="radio"/> Positive</p> <p><input type="radio"/> Negative</p> <p><input type="radio"/> Not Done</p> <p><input type="radio"/> UNK/ Cannot Disclose</p>	
<p>HBV Surface Antibody Total *</p>	<p><input type="radio"/> Positive</p> <p><input type="radio"/> Negative</p> <p><input type="radio"/> Not Done</p> <p><input type="radio"/> UNK/ Cannot Disclose</p>	

HBV Core Antibody: *	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive
HBV Surface Antigen: *	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive
HCV Serostatus: *	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive
EBV Serostatus: *	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive
NAT Results:	
HIV NAT: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
HBV NAT: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
HCV NAT: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Previous Pregnancies:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOT APPLICABLE: < 10 years old
Malignancies between listing and transplant: *	<input type="radio"/> YES <input type="radio"/> NO
<p style="color: red;">This question is NOT applicable for patients receiving living donor transplants who were never on the waiting list.</p>	
If yes, specify type:	<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"/> Other, specify
Specify:	<input type="text"/>
Bone Disease:	

Specify Location and number of fractures:*	<input type="checkbox"/> Spine-compression fracture:	# of fractures:	<input type="text"/>
	<input type="checkbox"/> Extremity:	# of fractures:	<input type="text"/>
	<input type="checkbox"/> Other:	# of fractures:	<input type="text"/>
AVN (avascular necrosis):*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK		

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient

Were extra vessels used in the transplant procedure:

Procedure Type:

Surgical Information:

- Graft Placement: *
- INTRA-PERITONEAL
 - RETRO-PERITONEAL
 - PARTIAL INTRA/RETRO-PERITONEAL
- Operative Technique: *
- Simultaneous Kidney-Pancreas
 - Cluster
 - Multi-Organ Non-Cluster
 - ENTERIC W/ROUX-EN-Y
 - ENTERIC W/O ROUX-EN-Y
- Duct Management: *
- CYSTOSTOMY
 - DUCT INJECTION IMMEDIATE
 - DUCT INJECTION DELAYED
 - OTHER SPECIFY

Specify:

- Venous Vascular Management: *
- SYSTEMIC SYSTEM (ILIAC:CAVA)
 - PORTAL SYSTEM (PORTAL OR TRIBUTARIES)
 - NA/Multi-organ cluster
 - CELIAC WITH PANCREAS
 - Y-GRAFT TO SPA & SMA
 - SPA TO SMA DIRECT
 - SPA TO SMA WITH INTERPOSITION
 - SPA ALONE
 - OTHER SPECIFY
- Arterial Reconstruction: *

Specify:

Venous Extension Graft: * YES NO

Kidney and Pancreas Preservation Information:

Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time): hrs ST=

Total Cold Ischemia Time Left KI (If pumped, include pump time): hrs ST=

Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time): * hrs ST=

- Kidney(s) received on: *
- Ice
 - Pump
 - N/A

Candidate Name: DOB:

Received on ice:	<input type="radio"/> Put on pump	
	<input type="radio"/> Stayed on pump	
Received on pump:	<input type="radio"/> Put on ice	
If put on pump or stayed on pump:		
Right Kidney Final resistance at transplant:	<input type="text"/>	ST= <input type="checkbox"/>
Right Kidney Final flow rate at transplant:	<input type="text"/>	ST= <input type="checkbox"/>
Left Kidney Final resistance at transplant:	<input type="text"/>	ST= <input type="checkbox"/>
Left Kidney Final flow rate at transplant:	<input type="text"/>	ST= <input type="checkbox"/>

Clinical Information : POST TRANSPLANT

Kidney Graft Status: *	<input type="radio"/> Functioning <input type="radio"/> Failed
<i>If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.</i>	
Resumed Maintenance Dialysis:	<input type="radio"/> YES <input type="radio"/> NO
Date Maintenance Dialysis Resumed:	<input type="text"/>
Kidney Date of Graft Failure:	<input type="text"/>
Kidney Primary Cause of Graft Failure:	<input type="radio"/> HYPERACUTE REJECTION
	<input type="radio"/> ACUTE REJECTION
	<input type="radio"/> PRIMARY NON-FUNCTION (GRAFT NEVER FUNCTIONED POST-TRANSPLANT)
	<input type="radio"/> GRAFT THROMBOSIS
	<input type="radio"/> INFECTION
	<input type="radio"/> SURGICAL COMPLICATIONS
	<input type="radio"/> UROLOGICAL COMPLICATIONS
<input type="radio"/> RECURRENT DISEASE	
<input type="radio"/> OTHER SPECIFY CAUSE	
Specify:	<input type="text"/>

Did patient have any acute kidney rejection episodes between transplant and discharge: *	<input type="radio"/> Yes, at least one episode treated with anti-rejection agent
	<input type="radio"/> Yes, none treated with additional anti-rejection agent
	<input type="radio"/> No

Is growth hormone therapy used between listing and transplant: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Most Recent Serum Creatinine Prior to Discharge: *	<input type="text"/> mg/dl	ST= <input type="checkbox"/>
Patient Need Dialysis within First Week: *	<input type="radio"/> YES <input type="radio"/> NO	

Pancreas Graft Status: *	<input type="radio"/> Functioning <input type="radio"/> Failed
<i>If death is indicated for the recipient, report graft status up until the instance of death.</i>	

Candidate Name: DOB:

Patient using either oral medication or diet for blood sugar control:*

YES NO UNK

Patient on oral medication to control blood sugar?*

YES NO UNK

Date of medications resumed:*

ST=

Patient using diet to control blood sugar:*

YES NO UNK

Patient on insulin?*

YES NO UNK

Date insulin resumed:*

ST=

Average total insulin dosage per day:*

 units/kg/day

ST=

Insulin duration of use:*

 days

ST=

C-peptide value:

 ng/mL

ST=

HbA1c:

 %

ST=

Pancreas Date of Graft Failure:

Pancreas Primary Cause of Graft Failure:

Pancreas Primary Cause of Graft Failure/Specify:

Contributory causes of graft failure:

Pancreas Graft/Vascular Thrombosis:

YES NO UNK

Pancreas Infection:

YES NO UNK

Bleeding:

YES NO UNK

Anastomotic Leak:

YES NO UNK

Hyperacute Rejection:

YES NO UNK

Pancreas Acute Rejection:

YES NO UNK

Biopsy Proven Isletitis:

YES NO UNK

Pancreatitis:

YES NO UNK

Other, Specify:

Did patient have any acute pancreas rejection episodes between transplant and discharge:*

Yes, at least one episode treated with anti-rejection agent

Yes, none treated with additional anti-rejection agent

No

Pancreas Transplant Complications:

(Not leading to graft failure.)

Pancreatitis:*

YES NO UNK

Anastomotic Leak:*

YES NO UNK

Abscess or Local Infection:*

YES NO UNK

Other:

Weight Post Transplant:*

 lbs. kg

ST=

Immunosuppressive Information

Are any medications given currently for maintenance or anti-rejection:*

YES NO

Immunosuppressive Medications

View Immunosuppressive Medications

Definitions Of Immunosuppressive Medications

For each of the immunosuppressive medications listed, select **Ind** (Induction), **Maint** (Maintenance) or **AR** (Anti-rejection) to indicate all medications that were prescribed for the recipient during the initial transplant hospitalization period, and for what reason. If a medication was not given, leave the associated box(es) blank.

Induction (Ind) immunosuppression includes all medications given for a short finite period in the perioperative period for the purpose of preventing acute rejection. Though the drugs may be continued after discharge for the first 30 days after transplant, it will not be used long-term for immunosuppressive maintenance.

Induction agents are usually polyclonal, monoclonal, or IL-2 receptor antibodies (example: methylprednisolone, Campath, Thymoglobulin, or Simulect). Some of these drugs might be used for another finite period for rejection therapy and would be recorded as anti-rejection therapy if used for this reason. For each induction medication indicated, write the total number of days the drug was actually administered in the space provided. For example, if Simulect was given in 2 doses a week apart then the total number of days would be 2, even if the second dose was given after the patient was discharged.

Candidate Name: DOB:

prednisone, cyclosporine, tacrolimus, mycophenolate mofetil, azathioprine, or Rapamune). This does not include any immunosuppressive medications given to treat rejection episodes, or for induction.

Anti-rejection (AR) immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode during the initial post-transplant period or during a specific follow-up period, usually up to 30 days after the diagnosis of acute rejection (example: methylprednisolone, or Thymoglobulin). When switching maintenance drugs (example: from tacrolimus to cyclosporine; or from mycophenolate mofetil to azathioprine) because of rejection, the drugs **should not** be listed under AR immunosuppression, but **should** be listed under maintenance immunosuppression.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Ind, Maint, or AR next to Other Immunosuppressive Medication field, and enter the full name of the medication in the space provided. **Do not list non-immunosuppressive medications.**

Drug used for induction, acute rejection, or maintenance

	Ind.	Days	ST	Maint	AR
Steroids (prednisone, methylprednisolone, Solumedrol, Medrol)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drugs used for induction or acute rejection

	Ind.	Days	ST	Maint	AR
Atgam	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campath (alemtuzumab)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytosan (cyclophosphamide)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rituxan (rituximab)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simulect (basiliximab)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thymoglobulin	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drugs primarily used for maintenance

	Ind.	Days	ST	Maint	AR
Cyclosporine, select from the following:					
- Gengraf	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Neoral	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sandimmune	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic cyclosporine	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imuran (azathioprine, AZA)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leflunomide (LFL)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mycophenolic acid, select from the following:					
- CellCept (MMF)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic MMF (generic CellCept)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Myfortic (mycophenolic acid)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic Myfortic (generic mycophenolic acid)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mTOR inhibitors, select from the following:					
- Rapamune (sirolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic sirolimus	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Zortress (everolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nulojix (belatacept)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tacrolimus, select from the following:					
- Astagraf XL (extended release tacrolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Envarsus XR (tacrolimus XR)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Prograf (tacrolimus)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic tacrolimus (generic Prograf)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name: DOB:

		Ind.	Days	ST	Maint	AR
Other immunosuppressive medication, specify:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other immunosuppressive medication, specify:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>