

Pediatric Kidney 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	
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
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
Motor Development: *	<input type="radio"/> Definite Motor delay/impairment <input type="radio"/> Probable Motor delay/impairment <input type="radio"/> Questionable Motor delay/impairment <input type="radio"/> No Motor delay/impairment <input type="radio"/> Not Assessed

Academic Progress: *

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

Source of Payment:

Primary: *

Specify:

Date of Measurement:

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

Weight: * lbs kg **ST=**

BMI: kg/m²

Previous Transplants:

Previous Transplant Organ	Previous Transplant Date	Previous Transplant 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.

Pretransplant Dialysis: * YES NO UNK

If Yes, Date of Most Recent Initiation of Chronic Maintenance Dialysis: **ST=**

Serum Creatinine at Time of Tx: * mg/dl **ST=**

Viral Detection:

HIV Serostatus: *

Positive
 Negative
 Not Done
 UNK/ Cannot Disclose

CMV Status: *

Positive
 Negative
 Not Done
 UNK/ Cannot Disclose

HBV Surface Antibody Total: *

Positive
 Negative
 Not Done
 UNK/ Cannot Disclose

HBV Core Antibody: *

Positive
 Negative
 Not Done
 UNK/ Cannot Disclose

HBV Surface Antigen: *

Positive
 Negative
 Not Done
 UNK/ Cannot Disclose

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
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:

YES
 NO
 NOT APPLICABLE: < 10 years old

Malignancies between listing and transplant: * YES NO

This question is NOT applicable for patients receiving living donor transplants who were never on the waiting list.

If yes, specify type:

Skin Melanoma
 Skin Non-Melanoma
 CNS Tumor
 Genitourinary
 Breast
 Thyroid
 Tongue/Throat/Larynx
 Lung
 Leukemia/Lymphoma
 Liver
 Other, specify

Specify:

Bone Disease:

Fracture in the past year (or since last follow-up): * YES NO UNK

<input type="checkbox"/> Spine-compression fracture:	# of fractures:	<input style="width: 40px;" type="text"/>
<input type="checkbox"/> Extremity:	# of fractures:	<input style="width: 40px;" type="text"/>
<input type="checkbox"/> Other:	# of fractures:	<input style="width: 40px;" type="text"/>

AVN (avascular necrosis): * YES NO UNK

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient

Procedure Type:	<input style="width:100%;" type="text"/>	
Kidney Preservation Information:		
Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time):	<input style="width:100%;" type="text"/> hrs	ST= <input type="checkbox"/>
Total Cold ischemia Time Left KI (if pumped, include pump time):	<input style="width:100%;" type="text"/> hrs	ST= <input type="checkbox"/>
Kidney(s) received on:*	<input type="radio"/> Ice <input type="radio"/> Pump <input type="radio"/> N/A <input type="radio"/> Stayed on ice <input type="radio"/> Put on pump <input type="radio"/> Stayed on pump <input type="radio"/> Put on ice	
Received on ice:		
Received on pump:		
If put on pump or stayed on pump:		
Right Kidney Final resistance at transplant:	<input style="width:100%;" type="text"/>	ST= <input type="checkbox"/>
Right Kidney Final flow rate at transplant:	<input style="width:100%;" type="text"/>	ST= <input type="checkbox"/>
Left Kidney Final resistance at transplant:	<input style="width:100%;" type="text"/>	ST= <input type="checkbox"/>
Left Kidney Final flow rate at transplant:	<input style="width:100%;" type="text"/>	ST= <input type="checkbox"/>

Clinical Information : POST TRANSPLANT		
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 style="width:100%;" type="text"/>	
Date of Graft Failure:	<input style="width:100%;" type="text"/>	
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 style="width:100%;" type="text"/>	
Most Recent Serum Creatinine Prior to Discharge:*	<input style="width:100%;" type="text"/> mg/dl	ST= <input type="checkbox"/>
Patient Need Dialysis within First Week:*	<input type="radio"/> YES <input type="radio"/> NO	
Did patient have any acute 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	

Immunosuppressive Information	
Are any medications given currently for maintenance or anti-rejection:*	<input type="radio"/> YES <input type="radio"/> NO

Immunosuppressive Medications
View Immunosuppressive Medications

Candidate Name: DOB:

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.

Maintenance (Maint) includes all immunosuppressive medications given before, during or after transplant with the intention to maintain them long-term (example: 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:					

Candidate Name: DOB:

- 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"/>

Other drugs		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"/>