

Adult 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	
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"/>	
Working for income: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Source of Payment:		
Primary: *	<input type="text"/>	
Specify:	<input type="text"/>	
Height: *	<input type="text"/> ft. <input type="text"/> in. <input type="text"/> cm ST= <input type="text"/>	
Weight: *	<input type="text"/> lbs <input type="text"/> kg ST= <input type="text"/>	
BMI:	kg/m ²	
Previous Transplants:		
Previous Transplant Organ	Previous Transplant Date	Previous Transplant Graft Fail Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Pretransplant Dialysis: *

YES NO UNK

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

ST=

Average Daily Insulin Units: *

units/kg/day

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: *

- Positive
- Negative
- Not Done
- UNK/ Cannot Disclose

EBV Serostatus: *

- Positive
- Negative
- Not Done
- UNK/ Cannot Disclose

NAT Results:

HIV NAT: *

- Positive
- Negative
- Not Done
- UNK/ Cannot Disclose

HBV NAT: *

- Positive
- Negative
- Not Done
- UNK/ Cannot Disclose

HCV NAT:*	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Malignancies between listing and transplant:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK <small>This question is NOT applicable for patients receiving living donor transplants who were never on the waiting list.</small>
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"/>

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient	
Were extra vessels used in the transplant procedure:	
Procedure Type:	<input type="text"/>
Surgical Information:	
Graft Placement:*	<input type="radio"/> INTRA-PERITONEAL <input type="radio"/> RETRO-PERITONEAL <input type="radio"/> PARTIAL INTRA/RETRO-PERITONEAL <input type="radio"/> PANCREAS ALONE <input type="radio"/> CLUSTER
Operative Technique:*	<input type="radio"/> MULTI-ORGAN NON-CLUSTER <input type="radio"/> PANCREAS AFTER KIDNEY <input type="radio"/> PANCREAS WITH KIDNEY DIFFERENT DONOR <input type="radio"/> ENTERIC W/ROUX-EN-Y <input type="radio"/> ENTERIC W/O ROUX-EN-Y
Duct Management:*	<input type="radio"/> CYSTOSTOMY <input type="radio"/> DUCT INJECTION IMMEDIATE <input type="radio"/> DUCT INJECTION DELAYED <input type="radio"/> OTHER SPECIFY
Specify:	<input type="text"/>
Venous Vascular Management:*	<input type="radio"/> SYSTEMIC SYSTEM (ILIAC:CAVA) <input type="radio"/> PORTAL SYSTEM (PORTAL OR TRIBUTARIES) <input type="radio"/> NA/Multi-organ cluster <input type="radio"/> CELIAC WITH PANCREAS <input type="radio"/> Y-GRAFT TO SPA & SMA <input type="radio"/> SPA TO SMA DIRECT
Arterial Reconstruction:*	<input type="radio"/> SPA TO SMA WITH INTERPOSITION <input type="radio"/> SPA ALONE <input type="radio"/> OTHER SPECIFY
Specify:	<input type="text"/>

Preservation Information:

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

Clinical Information : POST TRANSPLANT

Pancreas Graft Status: * **Functioning** **Failed**

If death is indicated for the recipient, report graft status up until the instance of death.

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=**

Date 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:

Pancreas Transplant Complications:

(Not leading to graft failure.)

Pancreatitis: * **YES** **NO** **UNK**

Anastomotic Leak: * **YES** **NO** **UNK**

Abscess or Local Infection: * **YES** **NO** **UNK**

Pancreas Transplant Complications: Other

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

Yes, none treated with additional anti-rejection agent

No

Immunosuppressive Information

Are any medications given currently for maintenance or anti-rejection: * **YES** **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"/>