

Records

Adult Intestine Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 07/31/2020

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.

Provider Information		
Recipient Center:		
Candidate Information		
Organ Registered:	Date of Listing or Add:	
Last Name:*	First Name:*	MI:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Surname:		
<input type="text"/>		
SSN:	Gender:*	<input type="radio"/> Male <input type="radio"/> Female
<input type="text"/>	<input type="text"/>	<input type="text"/>
HIC:	DOB:*	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
State of Permanent Residence:*	<input type="text"/>	
Permanent ZIP Code:*	<input type="text"/> - <input type="text"/>	
Ethnicity/Race:* (select all origins that apply)		
<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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
<input type="checkbox"/> 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	<input type="checkbox"/> 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	
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 type="text"/>	
Year of Entry to the U.S.	<input 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: *

Working for income: *

YES NO UNK

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.

Previous Pancreas Islet Infusion: *

YES NO UNK

Source of Payment:

Primary: *

Specify:

Clinical Information: AT LISTING

Height: *

ft. in. cm

ST=

Weight: *

lbs kg

ST=

BMI:

kg/m²

ABO Blood Group:

Primary Diagnosis: *

Specify:

General Medical Factors:

Diabetes: *

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Any previous Malignancy: *

YES NO

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

Specify Type:

Total Bilirubin: *

mg/dl

ST=

Intestine Medical Factors

Variceal Bleeding within Last Two Weeks: *

YES NO UNK

Recurrent sepsis: *

YES NO UNK

Fungal sepsis: *

YES NO UNK

Unmanageable fluid-electrolyte losses: *

YES NO UNK

Non-Reconstructible GI tract: *

YES NO UNK