

Records ?

Adult Kidney/Pancreas 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: <input style="width: 100%;" type="text"/>		
Candidate Information		
Organ Registered:		Date of Listing or Add:
Last Name:*	First Name:*	MI:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Previous Surname: <input style="width: 100%;" type="text"/>		
SSN:	Gender:*	<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/Race:* (select all origins that apply)		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>American Indian or Alaska Native</p> <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 </div> <div style="width: 30%;"> <p>Asian</p> <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 </div> <div style="width: 30%;"> <p>Black or African American</p> <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 </div> <div style="width: 30%;"> <p>Hispanic/Latino</p> <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 </div> <div style="width: 30%;"> <p>Native Hawaiian or Other Pacific Islander</p> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown </div> <div style="width: 30%;"> <p>White</p> <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 </div> </div>		
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 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 <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		
Functional Status:*	<input style="width: 100%;" type="text"/>	
Working for income:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> 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 Kidney Diagnosis:*

Specify:

Primary Pancreas Diagnosis:*

Specify:

General Medical Factors:

Diabetes:* No
 Type I
 Type II
 Type Other
 Type Unknown
 Diabetes Status Unknown

Patient on Insulin? * YES NO UNK

Date Insulin Initiated:

Total Insulin dosage units:

Insulin duration of use: days

Symptomatic Peripheral Vascular Disease:* YES NO UNK

Any previous Malignancy:* YES NO

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

Specify:

Total Serum Albumin:* g/dl ST=

C-peptide Value:* ng/mL ST=

HbA1c:* % ST=

Kidney/Pancreas Medical Factors

Exhausted Vascular Access:* YES NO UNK

Exhausted Peritoneal Access:* YES NO UNK

Age of Diabetes Onset: yrs ST=

