

# Records ?

## Adult Kidney 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.

<b>Provider Information</b>		
Recipient Center: <input style="width: 100%;" type="text"/>		
<b>Candidate Information</b>		
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"/>	
<b>Ethnicity/Race:*</b> (select all origins that apply)		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>American Indian or Alaska Native</b></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: 45%;"> <p><b>Asian</b></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>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Black or African American</b></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: 45%;"> <p><b>Hispanic/Latino</b></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>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Native Hawaiian or Other Pacific Islander</b></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: 45%;"> <p><b>White</b></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>		
<b>Citizenship:*</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"> <input type="radio"/> <b>US Citizen</b>  <input type="radio"/> <b>Non-US Citizen/US Resident</b>  <input type="radio"/> <b>Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant</b>  <input type="radio"/> <b>Non-US Citizen/Non-US Resident, Traveled to US for Transplant</b> </div> </div>		
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"/>
<b>Highest Education Level:*</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"> <input type="radio"/> <b>NONE</b>  <input type="radio"/> <b>GRADE SCHOOL (0-8)</b>  <input type="radio"/> <b>HIGH SCHOOL (9-12) or GED</b>  <input type="radio"/> <b>ATTENDED COLLEGE/TECHNICAL SCHOOL</b>  <input type="radio"/> <b>ASSOCIATE/BACHELOR DEGREE</b>  <input type="radio"/> <b>POST-COLLEGE GRADUATE DEGREE</b>  <input type="radio"/> <b>N/A (&lt; 5 YRS OLD)</b>  <input type="radio"/> <b>UNKNOWN</b> </div> </div>		
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/m<sup>2</sup>

ABO Blood Group:

Primary Diagnosis:\*

Specify:

General Medical Factors:

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

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=

Kidney Medical Factors

Exhausted Vascular Access:\*  YES  NO  UNK

Exhausted Peritoneal Access:\*  YES  NO  UNK

Age of Diabetes Onset:  yrs ST=