

**Records ?**

**Adult 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.

<b>Provider Information</b>								
<b>Recipient Center:</b>								
<b>Candidate Information</b>								
<b>Organ Registered:</b>		<b>Date of Listing or Add:</b>						
<b>Last Name:*</b>	<b>First Name:*</b>	<b>MI:</b>						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
<b>Previous Surname:</b>								
<input type="text"/>								
<b>SSN:</b>	<b>Gender:*</b>	<input type="radio"/> Male <input type="radio"/> Female						
<b>HIC:</b>	<b>DOB:*</b>	<input type="text"/>						
<b>State of Permanent Residence:*</b>		<input type="text"/>						
<b>Permanent ZIP Code:*</b>		<input type="text"/> - <input type="text"/>						
<b>Ethnicity/Race:*</b> (select all origins that apply)								
<table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian or Alaska Native</li> <li><input type="checkbox"/> American Indian</li> <li><input type="checkbox"/> Eskimo</li> <li><input type="checkbox"/> Aleutian</li> <li><input type="checkbox"/> Alaska Indian</li> <li><input type="checkbox"/> American Indian or Alaska Native: Other</li> <li><input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown</li> </ul> </td> <td style="width:50%; vertical-align: top;"> <ul style="list-style-type: none"> <li><b>Asian</b></li> <li><input type="checkbox"/> Asian Indian/Indian Sub-Continent</li> <li><input type="checkbox"/> Chinese</li> <li><input type="checkbox"/> Filipino</li> <li><input type="checkbox"/> Japanese</li> <li><input type="checkbox"/> Korean</li> <li><input type="checkbox"/> Vietnamese</li> <li><input type="checkbox"/> Asian: Other</li> <li><input 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<b>Citizenship:*</b>								
<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>								
<b>Country of Permanent Residence:</b>		<input type="text"/>						
Year of Entry to the U.S.	<input type="text"/>	<b>ST=</b> <input type="text"/>						
<b>Highest Education Level:*</b>								
<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>								
<b>Functional Status:*</b>								
<input type="text"/>								
<b>Working for income:*</b>								
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK								
<b>Previous Transplants:</b>								
<b>Organ</b>	<b>Date</b>	<b>Graft Fail Date</b>						

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

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

Drug Treated COPD:\*  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=

Pancreas Medical Factors

Age of Diabetes Onset:  yrs ST=

