

# Records ?

## Adult Kidney Transplant Recipient 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.

Recipient Information	
<b>Name:</b>	<b>DOB:</b>
<b>SSN:</b>	<b>Gender:</b>
<b>HIC:</b>	<b>Tx Date:</b>
<b>State of Permanent Residence:</b> *	<input style="width: 100%;" type="text"/>
<b>Permanent Zip:</b> *	<input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/>

Provider Information	
<b>Recipient Center:</b>	
<b>Surgeon Name:</b> *	<input style="width: 100%;" type="text"/>
<b>NPI#:</b> *	<input style="width: 100%;" type="text"/>

Donor Information	
<b>UNOS Donor ID #:</b>	
<b>Recovering OPO:</b>	
<b>Donor Type:</b>	

Patient Status	
<b>Primary Diagnosis:</b> *	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
<b>Date: Last Seen, Retransplanted or Death:</b> *	<input style="width: 100%;" type="text"/>
<b>Patient Status:</b> *	<input type="radio"/> LIVING <input type="radio"/> DEAD <input type="radio"/> RETRANSPLANTED
<b>Primary Cause of Death:</b>	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
<b>Contributory Cause of Death:</b>	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
<b>Contributory Cause of Death:</b>	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
<b>Transplant Hospitalization:</b>	
<b>Date of Admission to Tx Center:</b> *	<input style="width: 100%;" type="text"/>
<b>Date of Discharge from Tx Center:</b>	<input style="width: 100%;" type="text"/>

Clinical Information : PRETRANSPLANT	
<b>Functional Status:</b> *	<input style="width: 100%;" type="text"/>
<b>Working for income:</b> *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>Source of Payment:</b>	
<b>Primary:</b> *	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
<b>Height:</b> *	<input style="width: 30%;" type="text"/> ft. <input style="width: 30%;" type="text"/> in. <input style="width: 30%;" type="text"/> cm <b>ST=</b> <input style="width: 30%;" type="text"/>
<b>Weight:</b> *	<input style="width: 30%;" type="text"/> lbs <input style="width: 30%;" type="text"/> kg <b>ST=</b> <input style="width: 30%;" type="text"/>
<b>BMI:</b>	kg/m <sup>2</sup>
<b>Previous Transplants:</b>	
<b>Previous Transplant Organ</b>	<b>Previous Transplant Date</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Previous Transplant Graft Fail Date</b>	
<input style="width: 100%;" type="text"/>	
<i>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.</i>	
<b>Pretransplant Dialysis:</b> *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
If Yes, Date of Most Recent Initiation of Chronic Maintenance Dialysis:	<input style="width: 100%;" type="text"/> <b>ST=</b> <input style="width: 30%;" type="text"/>
<b>Serum Creatinine at Time of Tx:</b> *	<input style="width: 100%;" type="text"/> mg/dl <b>ST=</b> <input style="width: 30%;" type="text"/>
<b>Viral Detection:</b>	

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: \*

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

**Previous Pregnancies:**

- YES
- NO
- NOT APPLICABLE: < 10 years old

**Malignancies between listing and transplant: \***

- YES
- NO

This question is NOT applicable for patients receiving living donor transplants who were never on the waiting list.

If yes, specify type:

Specify:

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

**Clinical Information : TRANSPLANT PROCEDURE**

**Multiple Organ Recipient**

**Were extra vessels used in the transplant procedure:**

**Procedure Type:**

**Kidney Preservation Information:**

**Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time):**  hrs **ST=**

**Total Cold ischemia Time Left KI (if pumped, include pump time):**  hrs **ST=**

**Kidney(s) received on: \***

- Ice
- Pump
- N/A

Received on ice:

- Stayed on ice
- Put on pump

Received on pump:

- Stayed on pump
- Put on ice

**If put on pump or stayed on pump:**

Right Kidney Final resistance at transplant:  **ST=**

Right Kidney Final flow rate at transplant:  **ST=**

Left Kidney Final resistance at transplant:  **ST=**

Left Kidney Final flow rate at transplant:  **ST=**

**Clinical Information : POST TRANSPLANT**

**Graft Status: \***  Functioning  Failed

If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.

**Resumed Maintenance Dialysis:**  YES  NO

Date Maintenance Dialysis Resumed:

**Date of Graft Failure:**

**Primary Cause of Graft Failure:**

- HYPERACUTE REJECTION
- ACUTE REJECTION
- PRIMARY NON-FUNCTION (GRAFT NEVER FUNCTIONED POST-TRANSPLANT)
- GRAFT THROMBOSIS
- INFECTION
- SURGICAL COMPLICATIONS
- UROLOGICAL COMPLICATIONS
- RECURRENT DISEASE
- OTHER SPECIFY CAUSE

Specify:

**Most Recent Serum Creatinine Prior to Discharge: \***  mg/dl **ST=**

**Patient Need Dialysis within First Week: \***  YES  NO

Did patient have any acute rejection episodes between transplant and discharge:\*

- 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**