

Records ?

Adult Liver 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	
Name:	DOB:
SSN:	Gender:
HIC:	Tx Date:
State of Permanent Residence:*	<input type="text"/>
Permanent Zip:*	<input type="text"/> - <input type="text"/>

Provider Information	
Recipient Center:	
Surgeon Name:*	<input type="text"/>
NPI#:*	<input type="text"/>

Donor Information	
UNOS Donor ID #:	
Recovering OPO:	
Donor Type:	

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

Clinical Information : PRETRANSPLANT	
Medical Condition at time of transplant:*	<input type="radio"/> IN INTENSIVE CARE UNIT <input type="radio"/> HOSPITALIZED NOT IN ICU <input type="radio"/> NOT HOSPITALIZED
Patient on Life Support:*	<input type="radio"/> YES <input type="radio"/> NO <input type="checkbox"/> Ventilator <input type="checkbox"/> Artificial Liver <input type="checkbox"/> Other Mechanism, Specify
Specify:	<input type="text"/>
Functional Status:*	<input type="text"/>
Working for income:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Source of Payment:	
Primary:*	<input type="text"/>
Specify:	<input type="text"/>
Height:*	<input type="text"/> ft. <input type="text"/> in. <input type="text"/> cm ST= <input type="text"/>
Weight:*	<input type="text"/> lbs <input type="text"/> kg ST= <input type="text"/>
BMI:	<input type="text"/> kg/m ²

Previous Transplants:

Previous Transplant Organ	Previous Transplant Date	Previous Transplant 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.

Viral Detection:

- 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

Has the recipient ever had a diagnosis of HCC? * YES NO

Clinical Information : TRANSPLANT PROCEDURE**Multiple Organ Recipient**

Were extra vessels used in the transplant procedure:

- Procedure Type:**
- Whole Liver
 - Partial Liver, remainder not Tx or Living Transplant
 - Split Liver
 - Whole Liver with Pancreas (Technical Reasons)
 - Partial Liver with Pancreas (Technical Reasons)
 - Split Liver with Pancreas (Technical Reasons)

Split Type:

Preservation Information:

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

Risk Factors:

Previous Abdominal Surgery:* YES NO UNK

Portal Vein Thrombosis:* YES NO UNK

Transjugular Intrahepatic Portosystemic Shunt:* YES NO UNK

Clinical Information : POST TRANSPLANT

Pathology Conf. Liver Diag. of Hospital Discharge:*

Specify:

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.

Date of Graft Failure:

Causes of graft failure:

Primary Non Function YES NO UNK

Hepatic Artery Thrombosis YES NO UNK

Other Vascular Thrombosis YES NO UNK

Diffuse Cholangiopathy YES NO UNK

Hepatitis: DeNovo YES NO UNK

Hepatitis: Recurrent YES NO UNK

Recurrent Disease (non-Hepatitis) YES NO UNK

Acute Rejection YES NO UNK

Infection YES NO UNK

Other, Specify:

- 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

