

Records ?

Adult Pancreas 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 style="width: 80%;" type="text"/>
Permanent Zip: *	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>

Provider Information	
Recipient Center:	
Surgeon Name: *	<input style="width: 90%;" type="text"/>
NPI#: *	<input style="width: 90%;" type="text"/>

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

Patient Status	
Primary Diagnosis: *	<input style="width: 90%;" type="text"/>
Specify:	<input style="width: 90%;" type="text"/>
Date: Last Seen, Retransplanted or Death: *	<input style="width: 90%;" type="text"/>
Patient Status: *	<input type="radio"/> LIVING <input type="radio"/> DEAD <input type="radio"/> RETRANSPLANTED
Primary Cause of Death:	<input style="width: 90%;" type="text"/>
Specify:	<input style="width: 95%;" type="text"/>
Contributory Cause of Death:	<input style="width: 90%;" type="text"/>
Specify:	<input style="width: 95%;" type="text"/>
Contributory Cause of Death:	<input style="width: 90%;" type="text"/>
Specify:	<input style="width: 95%;" type="text"/>
Transplant Hospitalization:	
Date of Admission to Tx Center: *	<input style="width: 90%;" type="text"/>
Date of Discharge from Tx Center:	<input style="width: 90%;" type="text"/>

Clinical Information : PRETRANSPLANT	
Functional Status: *	<input style="width: 90%;" type="text"/>
Working for income: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Source of Payment:	
Primary: *	<input style="width: 90%;" type="text"/>
Specify:	<input style="width: 90%;" type="text"/>
Height: *	<input style="width: 20%;" type="text"/> ft. <input style="width: 20%;" type="text"/> in. <input style="width: 20%;" type="text"/> cm ST= <input style="width: 20%;" type="text"/>
Weight: *	<input style="width: 20%;" type="text"/> lbs <input style="width: 20%;" type="text"/> kg ST= <input style="width: 20%;" type="text"/>
BMI:	<input style="width: 20%;" type="text"/> kg/m ²
Previous Transplants:	
Previous Transplant Organ	Previous Transplant Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Previous Transplant Graft Fail Date	
<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>	
Pretransplant Dialysis: *	<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: 90%;" type="text"/> ST= <input style="width: 20%;" type="text"/>
Average Daily Insulin Units: *	<input style="width: 90%;" type="text"/> ST= <input style="width: 20%;" type="text"/>
Serum Creatinine at Time of Tx: *	<input style="width: 90%;" type="text"/> mg/dl ST= <input style="width: 20%;" type="text"/>

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

Malignancies between listing and transplant:* YES NO UNK

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

If yes, specify type:

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

Specify:

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient

Were extra vessels used in the transplant procedure:

Procedure Type:

Surgical Information:

Graft Placement: *

- INTRA-PERITONEAL
- RETRO-PERITONEAL
- PARTIAL INTRA/RETRO-PERITONEAL

Operative Technique: *

- PANCREAS ALONE
- CLUSTER
- MULTI-ORGAN NON-CLUSTER
- PANCREAS AFTER KIDNEY
- PANCREAS WITH KIDNEY DIFFERENT DONOR

Duct Management: *

- ENTERIC W/ROUX-EN-Y
- ENTERIC W/O ROUX-EN-Y
- CYSTOSTOMY
- DUCT INJECTION IMMEDIATE
- DUCT INJECTION DELAYED
- OTHER SPECIFY

Specify:

Venous Vascular Management: *

- SYSTEMIC SYSTEM (ILIAC:CAVA)
- PORTAL SYSTEM (PORTAL OR TRIBUTARIES)
- NA/Multi-organ cluster

Arterial Reconstruction: *

- CELIAC WITH PANCREAS
- Y-GRAFT TO SPA & SMA
- SPA TO SMA DIRECT
- SPA TO SMA WITH INTERPOSITION
- SPA ALONE
- OTHER SPECIFY

Specify:

Venous Extension Graft: *

- YES NO

Preservation Information:

Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time): *

 hrs

ST=

Clinical Information : POST TRANSPLANT

Pancreas Graft Status: *

- Functioning Failed

If death is indicated for the recipient, report graft status up until the instance of death.

Patient using any method of blood sugar control: * YES NO UNK

Patient on oral medication to control blood sugar? * YES NO UNK

Date of medications resumed: *

ST=

Patient using diet to control blood sugar: * YES NO UNK

Patient on insulin? * YES NO UNK

Date insulin resumed: *

ST=

Total insulin dosage units: *

ST=

Insulin duration of use: * days

ST=

C-peptide value: ng/mL

ST=

HbA1c: %

ST=

Date of Graft Failure:

Pancreas Primary Cause of Graft Failure:

Specify:

Contributory causes of graft failure:

Pancreas Graft/Vascular Thrombosis: YES NO UNK

Pancreas Infection: YES NO UNK

Bleeding: YES NO UNK

Anastomotic Leak: YES NO UNK

Hyperacute Rejection: YES NO UNK

Pancreas Acute Rejection: YES NO UNK

Biopsy Proven Isletitis: YES NO UNK

Pancreatitis: YES NO UNK

Other, Specify:

Pancreas Transplant Complications:

(Not leading to graft failure.)

Pancreatitis: * YES NO UNK

Anastomotic Leak: * YES NO UNK

Abscess or Local Infection: * YES NO UNK

Pancreas Transplant Complications: Other

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