

# Records ?

## Living Donor Follow-Up 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 TIED1® 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 TIED1® 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.

Donor ID:

<b>Provider Information</b>
<b>Recipient Center:</b>
<b>Followup Center:</b>

<b>Donor Information</b>	
<b>Name:</b>	<b>DOB:</b>
<b>Transplant Date:</b>	
<b>SSN:</b>	<b>Gender:</b>
<b>Donor ID:</b>	<b>Recovery Date:</b>
<b>Organ:</b>	

<b>Donor Status</b>	
<b>Date of Initial Discharge:</b>	
<b>Date of last contact or death: *</b>	<input type="text"/>
<b>Most Recent Donor Status since: *</b>	Living <input type="text"/>
<b>Attempts to Collect: *</b>	<input type="text"/>
<b>Cause of Death:</b>	<input type="text"/>
Specify:	<input type="text"/>
<b>Functional Status:</b>	<input type="text"/>
<b>Physical Capacity: *</b>	<input type="radio"/> No Limitations <input type="radio"/> Limited Mobility <input type="radio"/> Wheelchair bound or more limited <input type="radio"/> Unknown
<b>Working for Income: *</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
If No, Not Working Due To:	<input type="radio"/> Disability <input type="radio"/> Insurance Conflict <input type="radio"/> Inability to Find Work <input type="radio"/> Donor Choice - Homemaker <input type="radio"/> Donor Choice - Student Full Time/Part Time <input type="radio"/> Donor Choice - Retired <input type="radio"/> Donor Choice - Other <input type="radio"/> Unknown
If Yes:	<input type="radio"/> Working Full Time <input type="radio"/> Working Part Time due to Disability <input type="radio"/> Working Part Time due to Insurance Conflict <input type="radio"/> Working Part Time due to Inability to Find Full Time Work <input type="radio"/> Working Part Time due to Donor Choice <input type="radio"/> Working Part Time Reason Unknown <input type="radio"/> Working, Part Time vs. Full Time Unknown
<b>Loss of Insurance Due to Donation:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
If Yes:	<input type="checkbox"/> Loss of Health Insurance <input type="checkbox"/> Loss of Life Insurance

<b>Clinical Information</b>				
<b>Current weight: *</b>	<b>Date:</b> <input type="text"/>	<input type="text"/> lb	<input type="text"/> kg	<b>ST=</b> <input type="text"/>
<b>ER or urgent care visit related to donation since last follow-up: *</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK			

<b>Liver Clinical Information</b>	
<b>Most Recent Values Since:</b>	
<b>Total Bilirubin:</b>	<b>Date:</b>

<b>SGOT/AST:</b>	Date:	<input type="text"/>	<input type="text"/>	mg/dl	ST= <input type="text"/>
<b>SGPT/ALT:</b>	Date:	<input type="text"/>	<input type="text"/>	U/L	ST= <input type="text"/>
<b>Alkaline Phosphatase:</b>	Date:	<input type="text"/>	<input type="text"/>	units/L	ST= <input type="text"/>
<b>Serum Albumin:</b>	Date:	<input type="text"/>	<input type="text"/>	g/dl	ST= <input type="text"/>
<b>Serum Creatinine:</b>	Date:	<input type="text"/>	<input type="text"/>	mg/dl	ST= <input type="text"/>
<b>INR:</b>	Date:	<input type="text"/>	<input type="text"/>		ST= <input type="text"/>
<b>Platelet count:</b>	Date:	<input type="text"/>	<input type="text"/>	mL	ST= <input type="text"/>

<b>Kidney Clinical Information</b>					
Most Recent Values Since:					
<b>Serum Creatinine:</b>	Date:	<input type="text"/>	<input type="text"/>	mg/dl	ST= <input type="text"/>
<b>Blood Pressure Systolic:</b>	Date:	<input type="text"/>	<input type="text"/>	mm/Hg	ST= <input type="text"/>
<b>Blood Pressure Diastolic:</b>	Date:	<input type="text"/>	<input type="text"/>	mm/Hg	ST= <input type="text"/>
<b>Donor Developed Hypertension Requiring Medication:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK				
<b>Urinalysis:</b>	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Unknown				
<b>Urine Protein:</b>					
or					
<b>Protein-Creatinine Ratio:</b>	<input type="text"/>	GM/GM			
<b>Maintenance Dialysis:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK				
If Yes, Date First Dialyzed:	<input type="text"/>				
<b>Diabetes:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK				
Treatment:	<input type="checkbox"/> Insulin <input type="checkbox"/> Oral Hypoglycemic Agent <input type="checkbox"/> Diet				

<b>Lung Clinical Information</b>					
<b>Activity Level:</b>	<input type="radio"/> No change in activity level <input type="radio"/> Mild decrease in activity level <input type="radio"/> Moderate decrease in activity level <input type="radio"/> Severe decrease in activity level <input type="radio"/> Increase in activity level <input type="radio"/> Unknown				
<b>Chronic Incisional Pain:</b>	<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown				

<b>Complications</b>					
<b>Has the donor been readmitted since:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK				
If Yes, Date of First Readmission:	<input type="text"/>	ST= <input type="text"/>			
Specify Reason for First Readmission:	<input type="text"/>				
<b>Kidney Complications since:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK				
If Yes:	<input type="checkbox"/> Added to UNOS TX candidate waiting list <input type="checkbox"/> Other, specify				
Specify:	<input type="text"/>				
<b>Liver Complications since:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK				
If Yes:	<input type="checkbox"/> Bile Leak <input type="checkbox"/> Hepatic Resection <input type="checkbox"/> Abscess				

- Liver Failure
- Added to UNOS TX candidate waiting list
- Incisional hernia due to donation surgery
- Other, specify

Specify:

**Complications since:**

YES  NO

Specify:

**Recipient Information**

**Name:**

**Transplant Date:**

**SSN:**