# Pediatric Intestine Transplant Candidate Registration Worksheet

**FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2023**

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDE® 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 TIEDE® application, additional fields that are dependent on responses provided in those 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.

## Provider Information

**Recipient Center:**

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## Candidate Information

**Organ Registered:**

**Date of Listing or Add:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Previous Surname:**

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**SSN:**

**Gender:**

- Male
- Female

**HIC:**

**DOB:**

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**State of Permanent Residence:**

**Permanent ZIP Code:**

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**Ethnicity/Race:**

*(select all origins that apply)*

- American Indian or Alaska Native
- Asian
  - Asian Indian/Indian Sub-Continent
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Asian: Other
  - Asian: Not Specified/Unknown
- Black or African American
  - African American
  - African (Continental)
  - West Indian
  - Haitian
  - Black or African American: Other
  - Black or African American: Not Specified/Unknown
- Native Hawaiian or Other Pacific Islander
  - Hawaiian/Latino
  - Hawaiian/Latino: Other
  - Hawaiian/Latino: Not Specified/Unknown
- White
  - European Descent
  - Arab or Middle Eastern
  - North African (non-Black)
  - White: Other
  - White: Not Specified/Unknown

**Citizenship:**

- US Citizen
- Non-US Citizen/US Resident
- Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant
- Non-US Citizen/Non-US Resident, Traveled to US for Transplant

**Country of Permanent Residence:**

**Year of Entry to the U.S.:**

**ST=**

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**Highest Education Level:**

- NONE
- GRADE SCHOOL (0-8)
- HIGH SCHOOL (9-12) or GED
- ATTENDED COLLEGE/TECHNICAL SCHOOL
- ASSOCIATE/BACHELOR DEGREE
- POST-COLLEGE GRADUATE DEGREE
- N/A (< 5 YRS OLD)
- UNKNOWN

**Patient on Life Support:**

- YES
- NO

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Ventilator
Artificial Liver
Other Mechanism, Specify

Specify:

Functional Status: *

Definite Cognitive delay/impairment
Probable Cognitive delay/impairment
Questionable Cognitive delay/impairment
No Cognitive delay/impairment
Not Assessed

Cognitive Development: *

Definite Motor delay/impairment
Probable Motor delay/impairment
Questionable Motor delay/impairment
No Motor delay/impairment
Not Assessed

Motor Development: *

Within One Grade Level of Peers
Delayed Grade Level
Special Education
Not Applicable, too young for school/ High School graduate or GED
Status Unknown

Academic Progress: *

Full academic load
Reduced academic load
Unable to participate in academics due to disease or condition
Unable to participate regularly due to dialysis
Not Applicable, too young for school/ High School graduate or GED
Status Unknown

Academic Activity Level: *

Full academic load
Reduced academic load
Unable to participate in academics due to disease or condition
Unable to participate regularly due to dialysis
Not Applicable, too young for school/ High School graduate or GED
Status Unknown

Previous Transplants:

<table>
<thead>
<tr>
<th>Organ</th>
<th>Date</th>
<th>Graft Fail Date</th>
</tr>
</thead>
</table>

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.

Source of Payment:
Primary: *
Specify:

Clinical Information: AT LISTING

Date of Measurement:

Height: *

Weight:

BMI:

ABO Blood Group:

Primary Diagnosis: *
Specify:

Secondary Diagnosis:
Specify:

General Medical Factors:
**Diabetes:**
- [ ] No
- [ ] Type I
- [ ] Type II
- [ ] Type Other
- [ ] Type Unknown
- [ ] Diabetes Status Unknown

**Any previous Malignancy:**
- [ ] YES
- [ ] NO
- [ ] Skin Melanoma
- [ ] Skin Non-Melanoma
- [ ] CNS Tumor
- [ ] Genitourinary
- [ ] Breast
- [ ] Thyroid
- [ ] Tongue/Throat/Larynx
- [ ] Lung
- [ ] Leukemia/Lymphoma
- [ ] Liver
- [ ] Hepatoblastoma
- [ ] Hepatocellular Carcinoma
- [ ] Cholangiocarcinoma
- [ ] Other, specify

**Specify Type:**

**Total Bilirubin:**

<table>
<thead>
<tr>
<th>mg/dl</th>
<th>ST=</th>
</tr>
</thead>
</table>

**Intestine Medical Factors**

- [ ] Loss of two or more vascular access sites: YES  NO  UNK
- [ ] History of Portomesenteric Vein Thrombosis: YES  NO  UNK
- [ ] Variceal Bleeding within Last Two Weeks: YES  NO  UNK
- [ ] Recurrent sepsis: YES  NO  UNK
- [ ] Fungal sepsis: YES  NO  UNK
- [ ] Unmanageable fluid-electrolyte losses: YES  NO  UNK
- [ ] Non-Reconstructible GI tract: YES  NO  UNK