

# 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 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.

<b>Provider Information</b>								
Recipient Center: <input style="width: 100%;" type="text"/>								
<b>Candidate Information</b>								
<b>Organ Registered:</b>	<b>Date of Listing or Add:</b>							
<b>Last Name:*</b> <input style="width: 100%;" type="text"/>	<b>First Name:*</b> <input style="width: 100%;" type="text"/>	<b>MI:</b> <input style="width: 100%;" type="text"/>						
<b>Previous Surname:</b> <input style="width: 100%;" type="text"/>								
<b>SSN:</b> <input style="width: 100%;" type="text"/>	<b>Gender:*</b> <input type="radio"/> Male <input type="radio"/> Female							
<b>HIC:</b> <input style="width: 100%;" type="text"/>	<b>DOB:*</b> <input style="width: 100%;" type="text"/>							
<b>State of Permanent Residence:*</b> <input style="width: 100%;" type="text"/>								
<b>Permanent ZIP Code:*</b> <input style="width: 100%;" type="text"/> - <input style="width: 100%;" type="text"/>								
<b>Ethnicity/Race:*</b> (select all origins that apply)								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>American Indian or Alaska Native</b>  <input type="checkbox"/> American Indian  <input type="checkbox"/> Eskimo  <input type="checkbox"/> Aleutian  <input type="checkbox"/> Alaska Indian  <input type="checkbox"/> American Indian or Alaska Native: Other  <input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown                 </td> <td style="width: 50%; vertical-align: top;"> <b>Asian</b>  <input type="checkbox"/> Asian Indian/Indian Sub-Continent  <input type="checkbox"/> Chinese  <input type="checkbox"/> Filipino  <input type="checkbox"/> Japanese  <input type="checkbox"/> Korean  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Asian: Other  <input type="checkbox"/> Asian: Not Specified/Unknown                 </td> </tr> <tr> <td style="vertical-align: top;"> <b>Black or African American</b>  <input type="checkbox"/> African American  <input type="checkbox"/> African (Continental)  <input type="checkbox"/> West Indian  <input type="checkbox"/> Haitian  <input type="checkbox"/> Black or African American: Other  <input type="checkbox"/> Black or African American: Not Specified/Unknown                 </td> <td style="vertical-align: top;"> <b>Hispanic/Latino</b>  <input type="checkbox"/> Mexican  <input type="checkbox"/> Puerto Rican (Mainland)  <input type="checkbox"/> Puerto Rican (Island)  <input type="checkbox"/> Cuban  <input type="checkbox"/> Hispanic/Latino: Other  <input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown                 </td> </tr> <tr> <td style="vertical-align: top;"> <b>Native Hawaiian or Other Pacific Islander</b>  <input type="checkbox"/> Native Hawaiian  <input type="checkbox"/> Guamanian or Chamorro  <input type="checkbox"/> Samoan  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown                 </td> <td style="vertical-align: top;"> <b>White</b>  <input type="checkbox"/> European Descent  <input type="checkbox"/> Arab or Middle Eastern  <input type="checkbox"/> North African (non-Black)  <input type="checkbox"/> White: Other  <input type="checkbox"/> White: Not Specified/Unknown                 </td> </tr> </table>			<b>American Indian or Alaska Native</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleutian <input type="checkbox"/> Alaska Indian <input type="checkbox"/> American Indian or Alaska Native: Other <input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	<b>Asian</b> <input type="checkbox"/> Asian Indian/Indian Sub-Continent <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian: Other <input type="checkbox"/> Asian: Not Specified/Unknown	<b>Black or African American</b> <input type="checkbox"/> African American <input type="checkbox"/> African (Continental) <input type="checkbox"/> West Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Black or African American: Other <input type="checkbox"/> Black or African American: Not Specified/Unknown	<b>Hispanic/Latino</b> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican (Mainland) <input type="checkbox"/> Puerto Rican (Island) <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic/Latino: Other <input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown	<b>Native Hawaiian or Other Pacific Islander</b> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown	<b>White</b> <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other <input type="checkbox"/> White: Not Specified/Unknown
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<b>Citizenship:*</b> <input type="radio"/> <b>US Citizen</b> <input type="radio"/> <b>Non-US Citizen/US Resident</b> <input type="radio"/> <b>Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant</b> <input type="radio"/> <b>Non-US Citizen/Non-US Resident, Traveled to US for Transplant</b>								
<b>Country of Permanent Residence:</b> <input style="width: 100%;" type="text"/>								
Year of Entry to the U.S. <input style="width: 100%;" type="text"/>		ST= <input style="width: 50px;" type="text"/>						
<b>Highest Education Level:*</b>								
<input type="radio"/> <b>NONE</b> <input type="radio"/> <b>GRADE SCHOOL (0-8)</b> <input type="radio"/> <b>HIGH SCHOOL (9-12) or GED</b> <input type="radio"/> <b>ATTENDED COLLEGE/TECHNICAL SCHOOL</b> <input type="radio"/> <b>ASSOCIATE/BACHELOR DEGREE</b> <input type="radio"/> <b>POST-COLLEGE GRADUATE DEGREE</b> <input type="radio"/> <b>N/A (&lt; 5 YRS OLD)</b> <input type="radio"/> <b>UNKNOWN</b>								
<b>Patient on Life Support:*</b> <input type="radio"/> YES <input type="radio"/> NO								

Ventilator  
 Artificial Liver  
 Other Mechanism, Specify

Specify:

**Functional Status:** \*

**Cognitive Development:** \*

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

**Motor Development:** \*

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

**Academic Progress:** \*

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 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:**

Organ	Date	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.*

**Source of Payment:**

**Primary:** \*

Specify:

**Clinical Information: AT LISTING**

**Date of Measurement:**

**Height:** \*  ft.  in.  cm **ST=**

**Weight:** \*  lbs  kg **ST=**

**BMI:**  kg/m<sup>2</sup>

**ABO Blood Group:**

**Primary Diagnosis:** \*

Specify:

**Secondary Diagnosis:**

Specify:

**General Medical Factors:**

<b>Diabetes:</b> *	<input type="radio"/> No <input type="radio"/> Type I <input type="radio"/> Type II <input type="radio"/> Type Other <input type="radio"/> Type Unknown <input type="radio"/> Diabetes Status Unknown
<b>Any previous Malignancy:</b> *	<input type="radio"/> YES <input type="radio"/> NO <input type="checkbox"/> Skin Melanoma <input type="checkbox"/> Skin Non-Melanoma <input type="checkbox"/> CNS Tumor <input type="checkbox"/> Genitourinary <input type="checkbox"/> Breast <input type="checkbox"/> Thyroid <input type="checkbox"/> Tongue/Throat/Larynx <input type="checkbox"/> Lung <input type="checkbox"/> Leukemia/Lymphoma <input type="checkbox"/> Liver <input type="checkbox"/> Hepatoblastoma <input type="checkbox"/> Hepatocellular Carcinoma <input type="checkbox"/> Cholangiocarcinoma <input type="checkbox"/> Other, specify
Specify Type:	
Specify:	<input type="text"/>
<b>Total Bilirubin:</b> *	<input type="text"/> mg/dl      ST= <input type="text"/>

<b>Intestine Medical Factors</b>	
<b>Loss of two or more vascular access sites:</b> *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>History of Portomesenteric Vein Thrombosis:</b> *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>Variceal Bleeding within Last Two Weeks:</b> *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>Recurrent sepsis:</b> *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>Fungal sepsis:</b> *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>Unmanageable fluid-electrolyte losses:</b> *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>Non-Reconstructible GI tract:</b> *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK