

**Pediatric Kidney/Pancreas 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 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.

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

<b>Candidate Information</b>								
<b>Organ Registered:</b>	<b>Date of Listing or Add:</b>							
<b>Last Name:*</b>	<b>First Name:*</b>	<b>MI:</b>						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
<b>Previous Surname:</b>								
<input type="text"/>								
<b>SSN:</b>	<b>Gender:*</b>	<input type="radio"/> Male <input type="radio"/> Female						
<b>HIC:</b>	<b>DOB:*</b>	<input type="text"/>						
<b>State of Permanent Residence:*</b>	<input type="text"/>							
<b>Permanent ZIP Code:*</b>	<input type="text"/> - <input type="text"/>							
<b>Ethnicity/Race:*</b> (select all origins that apply)								
<table border="0"> <tr> <td style="vertical-align: top;"> <p><b>American Indian or Alaska Native</b></p> <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="vertical-align: top;"> <p><b>Asian</b></p> <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> <td style="vertical-align: top;"> <p><b>Black or African American</b></p> <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;"> <p><b>Hispanic/Latino</b></p> <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> <td style="vertical-align: top;"> <p><b>Native Hawaiian or Other Pacific Islander</b></p> <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;"> <p><b>White</b></p> <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>			<p><b>American Indian or Alaska Native</b></p> <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	<p><b>Asian</b></p> <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	<p><b>Black or African American</b></p> <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	<p><b>Hispanic/Latino</b></p> <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	<p><b>Native Hawaiian or Other Pacific Islander</b></p> <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	<p><b>White</b></p> <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 type="text"/>							
Year of Entry to the U.S.	<input type="text"/>	ST= <input 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>Functional Status:*</b>	<input type="text"/>							

**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

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**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

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**Academic Activity Level:** \*

Full academic load

Reduced academic load

Unable to participate in academics due to disease or condition

Unable to participate regularly in academics due to dialysis

Not Applicable, too young for school/ High School graduate or GED

Status Unknown

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**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>

**Is growth hormone therapy used at time of listing:** \*  YES  NO  UNK

**ABO Blood Group:**

**Primary Kidney Diagnosis:** \*

Specify:

**Primary Pancreas Diagnosis:** \*

Specify:

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**General Medical Factors:**

**Diabetes:** \*

No

Type I

Type II

Type Other

Type Unknown

Diabetes Status Unknown

**Patient on Insulin?** \*  YES  NO  UNK

<b>Date Insulin Initiated:</b>	<input type="text"/>	<b>ST=</b> <input type="checkbox"/>
<b>Average total insulin dosage per day:</b>	<input type="text"/> units/kg/day	<b>ST=</b> <input type="checkbox"/>
<b>Insulin duration of use:</b>	<input type="text"/> days	<b>ST=</b> <input type="checkbox"/>
<b>Any previous Malignancy:*</b>	<input type="radio"/> <b>YES</b> <input type="radio"/> <b>NO</b>	
	<input type="checkbox"/> <b>Skin Melanoma</b>	
	<input type="checkbox"/> <b>Skin Non-Melanoma</b>	
	<input type="checkbox"/> <b>CNS Tumor</b>	
	<input type="checkbox"/> <b>Genitourinary</b>	
	<input type="checkbox"/> <b>Breast</b>	
	<input type="checkbox"/> <b>Thyroid</b>	
	<input type="checkbox"/> <b>Tongue/Throat/Larynx</b>	
	<input type="checkbox"/> <b>Lung</b>	
	<input type="checkbox"/> <b>Leukemia/Lymphoma</b>	
	<input type="checkbox"/> <b>Liver</b>	
	<input type="checkbox"/> <b>Other, specify</b>	
Specify Type:	<input type="text"/>	
Specify:	<input type="text"/>	
<b>Total Serum Albumin: *</b>	<input type="text"/> g/dl	<b>ST=</b> <input type="checkbox"/>
<b>C-peptide Value: *</b>	<input type="text"/> ng/mL	<b>ST=</b> <input type="checkbox"/>
<b>HbA1c: *</b>	<input type="text"/> %	<b>ST=</b> <input type="checkbox"/>

<b>Kidney/Pancreas Medical Factors</b>		
<b>Exhausted Vascular Access: *</b>	<input type="radio"/> <b>YES</b> <input type="radio"/> <b>NO</b> <input type="radio"/> <b>UNK</b>	
<b>Exhausted Peritoneal Access: *</b>	<input type="radio"/> <b>YES</b> <input type="radio"/> <b>NO</b> <input type="radio"/> <b>UNK</b>	
<b>Age of Diabetes Onset:</b>	<input type="text"/> yrs	<b>ST=</b> <input type="checkbox"/>
<b>Bone Disease:</b>		
Fracture in the past year (or since last follow-up): *	<input type="radio"/> <b>YES</b> <input type="radio"/> <b>NO</b> <input type="radio"/> <b>UNK</b>	
	<input type="checkbox"/> Spine-compression fracture:	# of fractures: <input type="text"/>
Specify Location and number of fractures: *	<input type="checkbox"/> Extremity:	# of fractures: <input type="text"/>
	<input type="checkbox"/> Other:	# of fractures: <input type="text"/>
<b>AVN (avascular necrosis): *</b>	<input type="radio"/> <b>YES</b> <input type="radio"/> <b>NO</b> <input type="radio"/> <b>UNK</b>	