

# Records ?

## Pediatric Kidney/Pancreas Transplant Candidate 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 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)		
<input type="checkbox"/> American Indian or Alaska Native <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	<input type="checkbox"/> Asian <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	<input type="checkbox"/> Black or African American <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
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <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	<input type="checkbox"/> Hispanic/Latino <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	<input type="checkbox"/> White <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
<b>Citizenship:*</b>	<input type="radio"/> US Citizen <input type="radio"/> Non-US Citizen/US Resident <input type="radio"/> Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant <input type="radio"/> Non-US Citizen/Non-US Resident, Traveled to US for Transplant	
<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"/> NONE <input type="radio"/> GRADE SCHOOL (0-8) <input type="radio"/> HIGH SCHOOL (9-12) or GED <input type="radio"/> ATTENDED COLLEGE/TECHNICAL SCHOOL <input type="radio"/> ASSOCIATE/BACHELOR DEGREE <input type="radio"/> POST-COLLEGE GRADUATE DEGREE <input type="radio"/> N/A (< 5 YRS OLD) <input type="radio"/> UNKNOWN	
<b>Functional Status:*</b>	<input type="text"/>	
<b>Cognitive Development:*</b>	<input type="radio"/> Definite Cognitive delay/impairment <input type="radio"/> Probable Cognitive delay/impairment <input type="radio"/> 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 < 5 years old/ 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 in academics due to dialysis
- Not Applicable < 5 years old/ 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>

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

**ABO Blood Group:**

**Primary Kidney Diagnosis:** \*

Specify:

**Primary Pancreas Diagnosis:** \*

Specify:

**General Medical Factors:**

**Diabetes:** \*

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

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

**Date Insulin Initiated:**

**Total Insulin dosage units:**

**Insulin duration of use:**  days

**Any previous Malignancy:** \*  YES  NO

Specify Type:

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

Specify:

Total Serum Albumin: \*

 g/dl

ST=

C-peptide Value: \*

 ng/mL

ST=

HbA1c: \*

 %

ST=

#### Kidney/Pancreas Medical Factors

Exhausted Vascular Access: \*

YES  NO  UNK

Exhausted Peritoneal Access: \*

YES  NO  UNK

Age of Diabetes Onset:

 yrs

ST=

Bone Disease:

Fracture in the past year (or since last follow-up): \*

YES  NO  UNK

Specify Location and number of fractures: \*

Spine-compression fracture:

# of fractures:

Extremity:

# of fractures:

Other:

# of fractures:

AVN (avascular necrosis): \*

YES  NO  UNK