

Records

Pediatric Liver 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 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.

Provider Information

Recipient Center:

Candidate Information

Organ Registered:

Date of Listing or Add:

Last Name:*

First Name:*

MI:

Previous Surname:

SSN:

Gender:*

Male Female

HIC:

DOB:*

State of Permanent Residence:*

Permanent ZIP Code:*

 -

Ethnicity/Race:*

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

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

Hispanic/Latino

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Native Hawaiian or Other Pacific Islander: Other

Native Hawaiian or Other Pacific Islander: 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=

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

- 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 < 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
- 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/m²

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

Specify Type:

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

Specify:

Neoadjuvant Therapy?

YES NO

Has the candidate ever had a diagnosis of HCC? *

YES NO

Liver Medical Factors

Previous Abdominal Surgery:*

YES NO UNK

Spontaneous Bacterial Peritonitis: *

YES NO UNK

History of Portal Vein Thrombosis: *

YES NO UNK

Transjugular Intrahepatic Portosystemic Shunt: *

YES NO UNK