Records

Pediatric Kidney-Pancreas Transplant Recipient 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.

Recipient Information

Name: **DOB:**

SSN: **Gender:**

HIC: **Tx Date:**

State of Permanent Residence: *

Permanent Zip: * -

Provider Information

Recipient Center:

Surgeon Name: *

NPI#: *

Donor Information

UNOS Donor ID #:

Recovering OPO:

Donor Type:

Patient Status

Kidney Primary Diagnosis: *

Specify:

Pancreas Primary Diagnosis: *

Specify:

Date: Last Seen, Retransplanted or Death *

Patient Status: *

- ○ **LIVING**
- ○ **DEAD**
- ○ **RETRANSPLANTED**

Retransplanted organ: ○ **Kidney** ○ **Pancreas** ○ **Kidney/Pancreas**

Primary Cause of Death:

Specify:

Contributory Cause of Death:

Specify:

Contributory Cause of Death:

Specify:

Transplant Hospitalization:

Date of Admission to Tx Center: *

Date of Discharge from Tx Center:

Clinical Information : PRETRANSPLANT

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
- Unable to participate regularly in academics due to dialysis
- Not Applicable < 5 years old/ High School graduate or GED
- Status Unknown

Kidney Source of Payment:

Primary: *

Specify:

Pancreas Source of Payment:

Primary: *

Specify:

Date of Measurement:

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

Weight: * kg **ST=**

BMI: kg/m^2

Previous Transplants:

Previous Transplant Organ	Previous Transplant Date	Previous Transplant 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.

Pretransplant Dialysis: * **YES** **NO** **UNK**

If Yes, Date of Most Recent Initiation of Chronic Maintenance Dialysis: ST=

Average Daily Insulin Units: * **ST=**

Serum Creatinine at Time of Tx: * mg/dl **ST=**

Viral Detection:

HIV Serostatus: *

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

CMV Status *

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HBV Surface Antibody Total *

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HBV Core Antibody: *

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HBV Surface Antigen: *

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HCV Serostatus: *

- Positive
- Negative

Not Done
UNK/Cannot Disclose

EBV Serostatus: *
Positive
Negative
Not Done
UNK/Cannot Disclose

NAT Results:

HIV NAT: *
Positive
Negative
Not Done
UNK/Cannot Disclose

HBV NAT: *
Positive
Negative
Not Done
UNK/Cannot Disclose

HCV NAT: *
Positive
Negative
Not Done
UNK/Cannot Disclose

Previous Pregnancies:
YES
NO
NOT APPLICABLE: < 10 years old

Malignancies between listing and transplant: * YES NO

This question is NOT applicable for patients receiving living donor transplants who were never on the waiting list.

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

Specify:

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

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient

Were extra vessels used in the transplant procedure:

Procedure Type:

Surgical Information:

Graft Placement: *
INTRA-PERITONEAL
RETRO-PERITONEAL
PARTIAL INTRA/RETRO-PERITONEAL

Operative Technique: *
- Simultaneous Kidney-Pancreas
- Cluster
- Multi-Organ Non-Cluster

Duct Management: *
- ENTERIC W/ROUX-EN-Y
- ENTERIC W/O ROUX-EN-Y
- CYSTOSTOMY
- DUCT INJECTION IMMEDIATE
- DUCT INJECTION DELAYED
- OTHER SPECIFY

Specify:

Venous Vascular Management: *
- SYSTEMIC SYSTEM (ILIAC:CAVA)
- PORTAL SYSTEM (PORTAL OR TRIBUTARIES)
- NA/Multi-organ cluster

Arterial Reconstruction: *
- CELIAC WITH PANCREAS
- Y-GRAFT TO SPA & SMA
- SPA TO SMA DIRECT
- SPA TO SMA WITH INTERPOSITION
- SPA ALONE
- OTHER SPECIFY

Specify:

Venous Extension Graft: * YES NO

Kidney and Pancreas Preservation Information:

Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time): hrs **ST=**

Total Cold Ischemia Time Left KI (If pumped, include pump time): hrs **ST=**

Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time): * hrs **ST=**

Kidney(s) received on: *
- Ice
- Pump
- N/A

Received on ice:
- Stayed on ice
- Put on pump

Received on pump:
- Stayed on pump
- Put on ice

If put on pump or stayed on pump:

Right Kidney Final resistance at transplant: ST=

Right Kidney Final flow rate at transplant: ST=

Left Kidney Final resistance at transplant: ST=

Left Kidney Final flow rate at transplant: ST=

Clinical Information : POST TRANSPLANT

Kidney Graft Status: * Functioning Failed

If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.

Resumed Maintenance Dialysis: YES NO

Date Maintenance Dialysis Resumed:

Kidney Date of Graft Failure:

Kidney Primary Cause of Graft Failure:
- HYPERACUTE REJECTION
- ACUTE REJECTION
- PRIMARY NON-FUNCTION (GRAFT NEVER FUNCTIONED POST-TRANSPLANT)
- GRAFT THROMBOSIS

- INFECTION
- SURGICAL COMPLICATIONS
- UROLOGICAL COMPLICATIONS
- RECURRENT DISEASE
- OTHER SPECIFY CAUSE

Specify:

Did patient have any acute kidney rejection episodes between transplant and discharge: *
- Yes, at least one episode treated with anti-rejection agent
- Yes, none treated with additional anti-rejection agent
- No

Is growth hormone therapy used between listing and transplant: * YES NO UNK

Most Recent Serum Creatinine Prior to Discharge: * mg/dl **ST=**

Patient Need Dialysis within First Week: * YES NO

Pancreas Graft Status: * Functioning Failed

If death is indicated for the recipient, report graft status up until the instance of death.

Patient using any method of blood sugar control: * YES NO UNK

Patient on oral medication to control blood sugar? * YES NO UNK

Date of medications resumed: * ST=

Patient using diet to control blood sugar: * YES NO UNK

Patient on insulin? * YES NO UNK

Date insulin resumed: * ST=

Total insulin dosage units: * ST=

Insulin duration of use: * days ST=

C-peptide value: ng/mL **ST=**

HbA1c: % **ST=**

Pancreas Date of Graft Failure:

Pancreas Primary Cause of Graft Failure:

Pancreas Primary Cause of Graft Failure/Specify:

Contributory causes of graft failure:

Pancreas Graft/Vascular Thrombosis: YES NO UNK

Pancreas Infection: YES NO UNK

Bleeding: YES NO UNK

Anastomotic Leak: YES NO UNK

Hyperacute Rejection: YES NO UNK

Pancreas Acute Rejection: YES NO UNK

Biopsy Proven Isletitis: YES NO UNK

Pancreatitis: YES NO UNK

Other, Specify:

Did patient have any acute pancreas rejection episodes between transplant and discharge: *
- Yes, at least one episode treated with anti-rejection agent
- Yes, none treated with additional anti-rejection agent
- No

Pancreas Transplant Complications:

(Not leading to graft failure.)

Pancreatitis: * YES NO UNK

Anastomotic Leak: * YES NO UNK

Abscess or Local Infection: * YES NO UNK

Other:

Weight Post Transplant: *	lbs.	kg	**ST=**

Immunosuppressive Information

Are any medications given currently for maintenance or anti-rejection: * ○ **YES** ○ **NO**

Immunosuppressive Medications

View Immunosuppressive Medications