

Records ?

Pediatric Kidney 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:*	<input type="text"/>
Permanent Zip:*	<input type="text"/> - <input type="text"/>

Provider Information	
Recipient Center:	
Surgeon Name:*	<input type="text"/>
NPI#:*	<input type="text"/>

Donor Information	
UNOS Donor ID #:	
Recovering OPO:	
Donor Type:	

Patient Status	
Primary Diagnosis:*	<input type="text"/>
Specify:	<input type="text"/>
Date: Last Seen, Retransplanted or Death*	<input type="text"/>
Patient Status:*	<input type="radio"/> LIVING <input type="radio"/> DEAD <input type="radio"/> RETRANSPLANTED
Primary Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Contributory Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Contributory Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Transplant Hospitalization:	
Date of Admission to Tx Center:*	<input type="text"/>
Date of Discharge from Tx Center:	<input type="text"/>

Clinical Information : PRETRANSPLANT	
Functional Status:*	<input type="text"/>
Cognitive Development:*	<input type="radio"/> Definite Cognitive delay/impairment <input type="radio"/> Probable Cognitive delay/impairment <input type="radio"/> Questionable Cognitive delay/impairment <input type="radio"/> No Cognitive delay/impairment <input type="radio"/> Not Assessed
Motor Development:*	<input type="radio"/> Definite Motor delay/impairment <input type="radio"/> Probable Motor delay/impairment <input type="radio"/> Questionable Motor delay/impairment <input type="radio"/> No Motor delay/impairment <input type="radio"/> Not Assessed
Academic Progress:*	<input type="radio"/> Within One Grade Level of Peers <input type="radio"/> Delayed Grade Level <input type="radio"/> Special Education <input type="radio"/> Not Applicable < 5 years old/ High School graduate or GED <input type="radio"/> 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

Source of Payment:

Primary: *

Specify:

Date of Measurement:

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

Weight: * lbs kg **ST=**

BMI: kg/m²

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=

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

HBV NAT: *

HCV NAT: *

YES
 NO
 NOT APPLICABLE: < 10 years old

Previous Pregnancies:

YES NO

Malignancies between listing and transplant: *

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

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

If yes, specify type:

Specify:

YES NO UNK

Bone Disease:

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

Spine-compression fracture: # of fractures:
 Extremity: # of fractures:
 Other: # of fractures:

Specify Location and number of fractures: *

YES NO UNK

AVN (avascular necrosis): *

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient

Were extra vessels used in the transplant procedure:

Procedure Type:

Kidney 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=

Ice
 Pump
 N/A

Kidney(s) received on: *

Received on ice:	<input type="radio"/> Stayed on ice	
	<input type="radio"/> Put on pump	
Received on pump:	<input type="radio"/> Stayed on pump	
	<input type="radio"/> Put on ice	
If put on pump or stayed on pump:		
Right Kidney Final resistance at transplant:	<input type="text"/>	ST= <input type="text"/>
Right Kidney Final flow rate at transplant:	<input type="text"/>	ST= <input type="text"/>
Left Kidney Final resistance at transplant:	<input type="text"/>	ST= <input type="text"/>
Left Kidney Final flow rate at transplant:	<input type="text"/>	ST= <input type="text"/>

Clinical Information : POST TRANSPLANT

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:

Date of Graft Failure:

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:

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

Patient Need Dialysis within First Week: * YES NO

Did patient have any acute 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

Immunosuppressive Information

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

Immunosuppressive Medications

View Immunosuppressive Medications