Records

Pediatric 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

Primary Diagnosis: *

Specify:

Date: Last Seen, Retransplanted or Death *

Patient Status: *

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

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** ○ **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/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

Malignancies between listing and transplant: * YES NO UNK

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:

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: *
- PANCREAS ALONE
- CLUSTER
- MULTI-ORGAN NON-CLUSTER
- PANCREAS AFTER KIDNEY
- PANCREAS WITH KIDNEY DIFFERENT DONOR

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

Preservation Information:

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

Clinical Information : POST TRANSPLANT

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=**

Date 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:

Pancreas Transplant Complications:

(Not leading to graft failure.)

Pancreatitis: * YES NO UNK

Anastomotic Leak: * YES NO UNK

Abscess or Local Infection: * YES NO UNK

Pancreas Transplant Complications: Other

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

Immunosuppressive Information

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

Immunosuppressive Medications

View Immunosuppressive Medications