

Records

Pediatric Kidney Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: TBD

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Surname:		
<input type="text"/>		
SSN:	Gender:*	<input type="radio"/> Male <input type="radio"/> Female
HIC:	<input type="text"/>	DOB:* <input type="text"/>
State of Permanent Residence:*	<input type="text"/>	
Permanent ZIP Code:*	<input type="text"/> - <input type="text"/>	
Is Patient waiting in permanent ZIP code:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Ethnicity/Race:* (select all origins that apply)		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian Indian/Indian Sub-Continent	
<input type="checkbox"/> Eskimo	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Aleutian	<input type="checkbox"/> Filipino	
<input type="checkbox"/> Alaska Indian	<input type="checkbox"/> Japanese	
<input type="checkbox"/> American Indian or Alaska Native: Other	<input type="checkbox"/> Korean	
<input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	<input type="checkbox"/> Vietnamese	
	<input type="checkbox"/> Asian: Other	
	<input type="checkbox"/> Asian: Not Specified/Unknown	
Black or African American	Hispanic/Latino	
<input type="checkbox"/> African American	<input type="checkbox"/> Mexican	
<input type="checkbox"/> African (Continental)	<input type="checkbox"/> Puerto Rican (Mainland)	
<input type="checkbox"/> West Indian	<input type="checkbox"/> Puerto Rican (Island)	
<input type="checkbox"/> Haitian	<input type="checkbox"/> Cuban	
<input type="checkbox"/> Black or African American: Other	<input type="checkbox"/> Hispanic/Latino: Other	

Black or African American: Not Specified/Unknown

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: *

U.S. CITIZEN

RESIDENT ALIEN

NON-RESIDENT ALIEN, Year Entered US

Year of Entry to the U.S.

Highest Education Level: *

NONE

GRADE SCHOOL (0-8)

HIGH SCHOOL (9-12)

ATTENDED COLLEGE/TECHNICAL SCHOOL

ASSOCIATE/BACHELOR DEGREE

POST-COLLEGE GRADUATE DEGREE

N/A (< 5 YRS OLD)

UNKNOWN

Medical Condition at time of listing:

IN INTENSIVE CARE UNIT

HOSPITALIZED NOT IN ICU

NOT HOSPITALIZED

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
- 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
- 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.

Previous Pancreas Islet Infusion:

YES NO UNK

Source of Payment:

Primary: *

Specify:

Secondary:

Clinical Information: AT LISTING

Date of Measurement: *

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

Weight: * lbs kg %ile ST=

BMI: kg/m² %ile

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

ABO Blood Group:

Primary Diagnosis: *

Specify:

General Medical Factors:

Diabetes: *

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

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

- No
- Yes, and documented Coronary Artery Disease

Angina:

- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown
- Status Unknown

Drug Treated Systemic Hypertension:

- YES
- NO
- UNK

Symptomatic Cerebrovascular Disease:

- YES
- NO
- UNK

Symptomatic Peripheral Vascular Disease:

- YES
- NO
- UNK

Drug Treated COPD:

- YES
- NO
- UNK

Any previous Malignancy:*

- YES
- NO
- UNK

Specify Type:

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

Specify:

Most Recent Serum Creatinine:

 mg/dl ST=

Total Serum Albumin:*

 g/dl ST=

Kidney 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