

# Records

## Pediatric Liver Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 10/31/2010

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI<sup>®</sup> 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<sup>®</sup> 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.

<b>Provider Information</b>
<b>Recipient Center:</b>

<b>Candidate Information</b>		
<b>Organ Registered:</b>	<b>Date of Listing or Add:</b>	
<b>Last Name:*</b>	<b>First Name:*</b>	<b>MI:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Previous Surname:</b>		
<input type="text"/>		
<b>SSN:</b>	<b>Gender:*</b>	<input type="radio"/> Male <input type="radio"/> Female
<b>HIC:</b>	<input type="text"/>	<b>DOB:*</b> <input type="text"/>
<b>State of Permanent Residence:*</b>	<input type="text"/>	
<b>Permanent ZIP Code:*</b>	<input type="text"/> - <input type="text"/>	
<b>Is Patient waiting in permanent ZIP code:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
<b>Ethnicity/Race:*</b> (select all origins that apply)		
American Indian or Alaska Native	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

White

Native Hawaiian

European Descent

Guamanian or Chamorro

Arab or Middle Eastern

Samoan

North African (non-Black)

Native Hawaiian or Other Pacific Islander: Other

White: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

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

**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
- 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
- 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/m<sup>2</sup>

%ile

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

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- CAVH: Continuous Arteriovenous Hemofiltration
- CV VH: Continuous Venous/Venous Hemofiltration
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

No

Peptic Ulcer:

- Yes, active within the last year
- Yes, not active within the last year
- Unknown

Angina:

- No
- Yes, and documented Coronary Artery Disease
- 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

Pulmonary Embolism:

- 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
- Hepatoblastoma
- Hepatocellular Carcinoma

Other, specify

Specify:

Most Recent Serum Creatinine:

 mg/dl

ST=

### Liver Medical Factors

Variceal Bleeding within Last Two Weeks:  YES  NO  UNK

Previous Upper Abdominal Surgery: \*  YES  NO  UNK

Spontaneous Bacterial Peritonitis: \*  YES  NO  UNK

History of Portal Vein Thrombosis: \*  YES  NO  UNK

History of TIPSS: \*  YES  NO  UNK

### UNOS View Only

Comments: