

Adult Kidney Transplant Recipient Registration Worksheet

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: | Birth sex: |
| HIC: | Transplant Date and Time: |
| 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"/> |
| Working for income: * | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK |
| Source of Payment: | |
| Primary: * | <input type="text"/> |
| Specify: | <input type="text"/> |
| Height: * | <input type="text"/> ft. <input type="text"/> in. <input type="text"/> cm ST= <input type="text"/> |
| Weight: * | <input type="text"/> lbs <input type="text"/> kg ST= <input type="text"/> |
| 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=

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

Vaccination Status:

Did the recipient receive Hepatitis B vaccines prior to transplant?: *

YES NO UNK

Reason not vaccinated:

- Immunity
- Medical precaution
- Time constraints
- Patient objection
- Product out of stock
- Other, specify

Specify:

NAT Results:

| | |
|---|--|
| HIV NAT: * | <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose |
| HBV NAT: * | <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose |
| HCV NAT: * | <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose |
| Previous Pregnancies: | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOT APPLICABLE: < 10 years old |
| Malignancies between listing and transplant: * This question is NOT applicable for patients receiving living donor transplants who were never on the waiting list. If yes, specify type: | <input type="radio"/> YES <input type="radio"/> NO <input type="checkbox"/> Skin Melanoma <input type="checkbox"/> Skin Non-Melanoma <input type="checkbox"/> CNS Tumor <input type="checkbox"/> Genitourinary <input type="checkbox"/> Breast <input type="checkbox"/> Thyroid <input type="checkbox"/> Tongue/Throat/Larynx <input type="checkbox"/> Lung <input type="checkbox"/> Leukemia/Lymphoma <input type="checkbox"/> Liver <input type="checkbox"/> Other, specify |
| Specify: | <input type="text"/> |

| | | |
|---|--|--------------------------|
| Clinical Information : TRANSPLANT PROCEDURE | | |
| Multiple Organ Recipient | | |
| Were extra vessels used in the transplant procedure: | | |
| Procedure Type: | <input type="text"/> | |
| Kidney Preservation Information: | | |
| Total Cold ischemia Time Right KI(OR EN-BLOC): (if pumped, include pump time): | <input type="text"/> hrs | ST= <input type="text"/> |
| Total Cold ischemia Time Left KI (if pumped, include pump time): | <input type="text"/> hrs | ST= <input type="text"/> |
| Kidney(s) received on: * | <input type="radio"/> Ice <input type="radio"/> Pump <input type="radio"/> N/A | |
| 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: ST=

Right Kidney Final flow rate at transplant: ST=

Left Kidney Final resistance at transplant: ST=

Left Kidney Final flow rate at transplant: ST=

Organ Check-in Information:

Left Kidney Check-In Date and Time: Date: Time: Military time Time Zone: ST=

Right Kidney Check-In Date and Time: Date: Time: Military time Time Zone: ST=

En Bloc Kidneys Check-In Date and Time: Date: Time: Military time Time Zone: ST=

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

Immunosuppressive Information

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

Immunosuppressive Medications**View Immunosuppressive Medications****Definitions Of Immunosuppressive Medications**

For each of the immunosuppressive medications listed, select **Ind** (Induction), **Maint** (Maintenance) or **AR** (Anti-rejection) to indicate all medications that were prescribed for the recipient during the initial transplant hospitalization period, and for what reason. If a medication was not given, leave the associated box(es) blank.

Induction (Ind) immunosuppression includes all medications given for a short finite period in the perioperative period for the purpose of preventing acute rejection. Though the drugs may be continued after discharge for the first 30 days after transplant, it will not be used long-term for immunosuppressive maintenance. Induction agents are usually polyclonal, monoclonal, or IL-2 receptor antibodies (example: methylprednisolone, Campath, Thymoglobulin, or Simulect). Some of these drugs might be used for another finite period for rejection therapy and would be recorded as anti-rejection therapy if used for this reason. For each induction medication indicated, write the total number of days the drug was actually administered in the space provided. For example, if Simulect was given in 2 doses a week apart then the total number of days would be 2, even if the second dose was given after the patient was discharged.

Maintenance (Maint) includes all immunosuppressive medications given before, during or after transplant with the intention to maintain them long-term (example: prednisone, cyclosporine, tacrolimus, mycophenolate mofetil, azathioprine, or Rapamune). This does not include any immunosuppressive medications given to treat rejection episodes, or for induction.

Anti-rejection (AR) immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode during the initial post-transplant period or during a specific follow-up period, usually up to 30 days after the diagnosis of acute rejection (example: methylprednisolone, or Thymoglobulin). When switching maintenance drugs (example: from tacrolimus to cyclosporine; or from mycophenolate mofetil to azathioprine) because of rejection, the drugs should not be listed under AR immunosuppression, but should be listed under maintenance immunosuppression.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Ind, Maint, or AR next to Other Immunosuppressive Medication field, and enter the full name of the medication in the space provided. **Do not list non-immunosuppressive medications.**

Drug used for induction, acute rejection, or maintenance

| | Ind. | Days | ST | Maint | AR |
|---|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|
| Steroids (prednisone, methylprednisolone, Solumedrol, Medrol) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Drugs used for induction or acute rejection

| | Ind. | Days | ST | Maint | AR |
|---|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|
| Atgam | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Campath (alemtuzumab) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cytoxan (cyclophosphamide) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rituxan (rituximab) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Simulect (basiliximab) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thymoglobulin | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Drugs primarily used for maintenance

| | Ind. | Days | ST | Maint | AR |
|--|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|
| Cyclosporine, select from the following: | | | | | |
| - Gengraf | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Neoral | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Sandimmune | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Generic cyclosporine | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Imuran (azathioprine, AZA) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leflunomide (LFL) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mycophenolic acid, select from the following: | | | | | |
| - CellCept (MMF) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Generic MMF (generic CellCept) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Myfortic (mycophenolic acid) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Generic Myfortic (generic mycophenolic acid) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| mTOR inhibitors, select from the following: | | | | | |
| - Rapamune (sirolimus) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Generic sirolimus | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Zortress (everolimus) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nulojix (belatacept) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tacrolimus, select from the following: | | | | | |
| - Astagraf XL (extended release tacrolimus) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Envarsus XR (tacrolimus XR) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Prograf (tacrolimus) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Generic tacrolimus (generic Prograf) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other drugs

| | | Ind. | Days | ST | Maint | AR |
|--|----------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|
| Other immunosuppressive medication, specify: | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other immunosuppressive medication, specify: | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |