

Pediatric Kidney/Pancreas Transplant Candidate 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.

Provider Information								
Recipient Center: <input style="width: 100%;" type="text"/>								
Candidate Information								
Organ Registered:	Date of Listing or Add:							
Last Name:*	First Name:*	MI:						
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>						
Previous Surname:								
<input style="width: 100%;" type="text"/>								
SSN:	Birth sex:*	<input type="radio"/> Male <input type="radio"/> Female						
HIC:	DOB:*	<input style="width: 100%;" type="text"/>						
State of Permanent Residence:*								
<input style="width: 100%;" type="text"/>								
Permanent ZIP Code:*								
<input style="width: 100%;" type="text"/> - <input style="width: 100%;" type="text"/>								
Ethnicity:*								
<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Ethnicity not reported								
Race:*								
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> American Indian or Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleutian <input type="checkbox"/> Alaska Indian <input type="checkbox"/> American Indian or Alaska Native: Other origin <input type="checkbox"/> American Indian or Alaska Native: Origin not reported </td> <td style="width: 33%; vertical-align: top;"> Asian <input type="checkbox"/> Asian Indian/Indian Sub-Continent <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian: Other origin <input type="checkbox"/> Asian: Origin not reported </td> <td style="width: 33%; vertical-align: top;"> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Origin not reported </td> </tr> <tr> <td style="vertical-align: top;"> Black or African American <input type="checkbox"/> African American <input type="checkbox"/> African (Continental) <input type="checkbox"/> West Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Black or African American: Other origin <input type="checkbox"/> Black or African American: Origin not reported </td> <td style="vertical-align: top;"> Other <input type="checkbox"/> Race not reported </td> <td></td> </tr> </table>			American Indian or Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleutian <input type="checkbox"/> Alaska Indian <input type="checkbox"/> American Indian or Alaska Native: Other origin <input type="checkbox"/> American Indian or Alaska Native: Origin not reported	Asian <input type="checkbox"/> Asian Indian/Indian Sub-Continent <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian: Other origin <input type="checkbox"/> Asian: Origin not reported	Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Origin not reported	Black or African American <input type="checkbox"/> African American <input type="checkbox"/> African (Continental) <input type="checkbox"/> West Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Black or African American: Other origin <input type="checkbox"/> Black or African American: Origin not reported	Other <input type="checkbox"/> Race not reported	
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Citizenship:*								
<input type="radio"/> US Citizen <input type="radio"/> Non-US Citizen/US Resident <input type="radio"/> Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant <input type="radio"/> Non-US Citizen/Non-US Resident, Traveled to US for Transplant								
Country of Permanent Residence:								
<input style="width: 100%;" type="text"/>								
Year of Entry to the U.S.								
<input style="width: 100%;" type="text"/>								
ST= <input style="width: 50px;" type="text"/>								
Highest Education Level:*								
<input type="radio"/> NONE <input type="radio"/> GRADE SCHOOL (0-8) <input type="radio"/> HIGH SCHOOL (9-12) or GED <input type="radio"/> ATTENDED COLLEGE/TECHNICAL SCHOOL <input type="radio"/> ASSOCIATE/BACHELOR DEGREE <input type="radio"/> POST-COLLEGE GRADUATE DEGREE <input type="radio"/> N/A (< 5 YRS OLD) <input type="radio"/> UNKNOWN								

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, too young for school/ 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
 Unable to participate regularly in academics due to dialysis
 Not Applicable, too young for school/ High School graduate or GED
 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.

Source of Payment:

Primary: *

Specify:

Clinical Information: AT LISTING

Height Measurement Date:

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

Weight Measurement Date:

Weight: * lbs kg **ST=**

BMI: kg/m²

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

ABO Blood Group:

Primary Kidney Diagnosis: *

Specify:

Primary Pancreas Diagnosis: *

Specify:

General Medical Factors:

Diabetes: * No
 Type I
 Type II
 Type Other
 Type Unknown
 Diabetes Status Unknown

Patient on Insulin?* YES NO UNK

Date Insulin Initiated: **ST=**

Average total insulin dosage per day: units/kg/day **ST=**

Insulin duration of use: days **ST=**

Any previous Malignancy:* YES NO

Specify Type:

Skin Melanoma

Skin Non-Melanoma

CNS Tumor

Genitourinary

Breast

Thyroid

Tongue/Throat/Larynx

Lung

Leukemia/Lymphoma

Liver

Other, specify

Specify:

Total Serum Albumin: * g/dl **ST=**

C-peptide Value:* ng/mL **ST=**

HbA1c:* % **ST=**

Kidney/Pancreas 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