

## Pediatric Intestine 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.

<b>Provider Information</b>								
Recipient Center:								
<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>Birth sex:*</b>	<input type="radio"/> Male <input type="radio"/> Female						
<b>HIC:</b>	<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>Ethnicity:*</b>								
<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Ethnicity not reported								
<b>Race:*</b>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>American Indian or Alaska Native</b>  <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;"> <b>Asian</b>  <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;"> <b>Black or African American</b>  <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> </tr> <tr> <td style="vertical-align: top;"> <b>White</b>  <input type="checkbox"/> European Descent  <input type="checkbox"/> Arab or Middle Eastern  <input type="checkbox"/> North African (non-Black)  <input type="checkbox"/> White: Other origin  <input type="checkbox"/> White: Origin not reported                 </td> <td style="vertical-align: top;"> <b>Native Hawaiian or Other Pacific Islander</b>  <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> <td style="vertical-align: top;"> <b>Other</b>  <input type="checkbox"/> Race not reported                 </td> </tr> </table>			<b>American Indian or Alaska Native</b> <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	<b>Asian</b> <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	<b>Black or African American</b> <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	<b>White</b> <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other origin <input type="checkbox"/> White: Origin not reported	<b>Native Hawaiian or Other Pacific Islander</b> <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	<b>Other</b> <input type="checkbox"/> Race not reported
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<b>Citizenship:*</b>								
<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								
<b>Country of Permanent Residence:</b>								
<input type="text"/>								
<b>Year of Entry to the U.S.</b>								
<input type="text"/>								
<b>ST=</b> <input type="text"/>								
<b>Highest Education Level:*</b>								
<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								

**Patient on Life Support:** \*  YES  NO

Ventilator  
 Artificial Liver  
 Other Mechanism, Specify

Specify:

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**Functional Status:** \*

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**Cognitive Development:** \*

Definite Cognitive delay/impairment  
 Probable Cognitive delay/impairment  
 Questionable Cognitive delay/impairment  
 No Cognitive delay/impairment  
 Not Assessed

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**Motor Development:** \*

Definite Motor delay/impairment  
 Probable Motor delay/impairment  
 Questionable Motor delay/impairment  
 No Motor delay/impairment  
 Not Assessed

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**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

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**Academic Activity Level:** \*

Full academic load  
 Reduced academic load  
 Unable to participate in academics due to disease or condition  
 Unable to participate regularly due to dialysis  
 Not Applicable, too young for school/ High School graduate or GED  
 Status Unknown

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**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.*

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

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**ABO Blood Group:**

**Primary Diagnosis:** \*

Specify:

**Secondary Diagnosis:**

Specify:

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**General Medical Factors:**

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

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**Any previous Malignancy:** \*  YES  NO

Specify Type:

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

Specify:

**Total Bilirubin:** \*  mg/dl ST=

**Intestine Medical Factors**

**Loss of two or more vascular access sites:** \*  YES  NO  UNK

**History of Portomesenteric Vein Thrombosis:** \*  YES  NO  UNK

**Variceal Bleeding within Last Two Weeks:** \*  YES  NO  UNK

**Recurrent sepsis:** \*  YES  NO  UNK

**Fungal sepsis:** \*  YES  NO  UNK

**Unmanageable fluid-electrolyte losses:** \*  YES  NO  UNK

**Non-Reconstructible GI tract:** \*  YES  NO  UNK