

Records

Post 5 Year Pediatric Transplant Recipient Follow-Up Worksheet

The revised worksheet sample is for reference purposes only and is pending OMB approval.

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI^B 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^B 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:	Gender:
HIC:	Tx Date:
Previous Follow-Up:	Previous Px Stat Date:
Transplant Discharge Date:	<input type="text"/>
State of Permanent Residence: *	<input type="text"/>
Zip Code: *	<input type="text"/> - <input type="text"/>

Provider Information
Recipient Center: *
Followup Center: *

Donor Information
UNOS Donor ID #: *
Donor Type: *

Patient Status	
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"/>
Functional Status: *	<input type="text"/>
Cognitive Development: *	<input type="radio"/> Definite Cognitive delay/impairment (verified by IQ score <70 or unambiguous behavioral observation) <input type="radio"/> Probable Cognitive delay/impairment (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence) <input type="radio"/> Questionable Cognitive delay/impairment (not judged to be more likely than not, but with some indication of cognitive delay/impairment such as expressive/receptive language and/or learning difficulties) <input type="radio"/> No Cognitive delay/impairment (no obvious indicators of cognitive delay/impairment) <input type="radio"/> Not Assessed
Motor Development: *	<input type="radio"/> Definite Motor delay/impairment (verified by physical exam or unambiguous behavioral observation) <input type="radio"/> Probable Motor delay/impairment (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence) <input type="radio"/> Questionable Motor delay/impairment (not judged to be more likely than not, but with some indications of motor delay/impairment) <input type="radio"/> No Motor delay/impairment (no obvious indicators of motor delay/impairment) <input type="radio"/> Not Assessed

Clinical Information	
Date of Measurement: *	<input type="text"/>
Height: *	<input type="text"/> ft. <input type="text"/> in. <input type="text"/> cm %ile ST= <input type="text"/>
Weight: *	<input type="text"/> lbs. <input type="text"/> kg %ile ST= <input type="text"/>
BMI:	kg/m ² %ile

Kidney Clinical Information	
Graft Status: *	<input type="radio"/> Functioning <input type="radio"/> Failed
If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.	
Date of Failure:	<input type="text"/>
Primary Cause of Graft Failure:	<input type="text"/>

Other, Specify:

If Functioning, Most Recent Serum Creatinine:

 mg/dl

St=

Diabetes onset during the follow-up period: *

YES NO UNK

If yes, insulin dependent:

YES NO UNK

Coronary artery disease since last follow-up: *

YES NO UNK

Post Transplant Malignancies: *

YES NO UNK

Donor Related:

YES NO UNK

Recurrence of Pre-Tx Tumor:

YES NO UNK

Post Tx De Novo Solid Tumor:

YES NO UNK

De Novo Lymphoproliferative disease and Lymphoma:

YES NO UNK

Kidney/Pancreas Clinical Information

Kidney 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.

If Functioning, Most Recent Serum Creatinine:

 mg/dl

St=

Kidney Primary Cause of Graft Failure:

Primary, Other Specify:

Kidney Date of Failure:

Pancreas Graft Status: *

Functioning Partial Function Failed

If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.

Pancreas Date of Failure:

Pancreas Primary Cause of Graft Failure:

Primary, Other Specify:

Contributory Causes Of Graft Failure:

Contributory: Pancreas Graft/Vascular Thrombosis:

YES NO UNK

Contributory: Pancreas Infection:

YES NO UNK

Contributory: Pancreas Bleeding:

YES NO UNK

Contributory: Anastomotic Leak:

YES NO UNK

Contributory: Pancreas Acute Rejection:

YES NO UNK

Contributory: Pancreas Chronic Rejection:

YES NO UNK

Contributory: Biopsy Proven Isletitis:

YES NO UNK

Contributory: Pancreatitis:

YES NO UNK

Contributory: Patient Noncompliance

YES NO UNK

Contributory: Other, Specify:

Diabetes onset during the follow-up period: *

YES NO UNK

If yes, insulin dependent:

YES NO UNK

Coronary artery disease since last follow-up: *

YES NO UNK

Post Transplant Malignancies: *

YES NO UNK

Donor Related:

YES NO UNK

Recurrence of Pre-Tx Tumor: YES NO UNK

Post Tx De Novo Solid Tumor: YES NO UNK

De Novo Lymphoproliferative disease and Lymphoma: YES NO UNK

Pancreas Clinical Information

Graft Status: * Functioning Partial Function Failed

If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.

Date of Failure:

Primary Cause of Graft Failure:

Primary, Other Specify:

Contributory Causes Of Graft Failure:

Contributory: Graft/Vascular Thrombosis: YES NO UNK

Contributory: Infection: YES NO UNK

Contributory: Bleeding: YES NO UNK

Contributory: Anastomotic Leak: YES NO UNK

Contributory: Acute Rejection: YES NO UNK

Contributory: Chronic Rejection: YES NO UNK

Contributory: Biopsy Proven Isletitis: YES NO UNK

Contributory: Pancreatitis: YES NO UNK

Contributory: Patient Noncompliance: YES NO UNK

Contributory: Other, Specify:

Most Recent Serum Creatinine: * mg/dl St=

Diabetes onset during the follow-up period: * YES NO UNK

If yes, insulin dependent: YES NO UNK

Coronary artery disease since last follow-up: * YES NO UNK

Post Transplant Malignancies: * YES NO UNK

Donor Related: YES NO UNK

Recurrence of Pre-Tx Tumor: YES NO UNK

Post Tx De Novo Solid Tumor: YES NO UNK

De Novo Lymphoproliferative disease and Lymphoma: YES NO UNK

Intestine Clinical Information

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.

Date of Failure:

Primary Cause of Graft Failure:

Primary, Other Specify:

Most Recent Serum Creatinine: * mg/dl St=

Diabetes onset during the follow-up period: * YES NO UNK

If yes, insulin dependent: YES NO UNK

Coronary artery disease since last follow-up: * YES NO UNK

Post Transplant Malignancies: * YES NO UNK

Donor Related: YES NO UNK

Recurrence of Pre-Tx Tumor: YES NO UNK

Post Tx De Novo Solid Tumor: YES NO UNK

De Novo Lymphoproliferative disease and Lymphoma: YES NO UNK

Liver Clinical Information

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.

Date of Failure:

Contributory Causes Of Graft Failure:

Primary Graft Failure YES NO UNK

Vascular Thrombosis YES NO UNK

Hepatic arterial thrombosis YES NO UNK

Hepatic outflow obstruction YES NO UNK

Portal vein thrombosis YES NO UNK

Biliary Tract Complication: YES NO UNK

Denovo Hepatitis YES NO UNK

Recurrent Hepatitis: YES NO UNK

Recurrent Disease: YES NO UNK

Acute Rejection: YES NO UNK

Chronic Rejection: YES NO UNK

Infection: YES NO UNK

Other, Specify:

Most Recent Serum Creatinine: * mg/dl St=

Diabetes onset during the follow-up period: * YES NO UNK

If yes, insulin dependent: YES NO UNK

Coronary artery disease since last follow-up: * YES NO UNK

Post Transplant Malignancies: * YES NO UNK

Donor Related: YES NO UNK

Recurrence of Pre-Tx Tumor: YES NO UNK

Post Tx De Novo Solid Tumor: YES NO UNK

De Novo Lymphoproliferative disease and Lymphoma: YES NO UNK

Thoracic Clinical Information

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.

Primary Non-Function

Primary Cause of Graft Failure:

- Acute Rejection
- Chronic Rejection/Atherosclerosis
- Other specify

Date of Failure:

Coronary Artery Disease Since Last Follow Up: *

- YES
- NO
- UNK

Most Recent Serum Creatinine: *

 mg/dl

St=

Diabetes onset during the follow-up period: *

- YES
- NO
- UNK

If yes, insulin dependent:

- YES
- NO
- UNK

Post Transplant Malignancies: *

- YES
- NO
- UNK

Donor Related:

- YES
- NO
- UNK

Recurrence of Pre-Tx Tumor:

- YES
- NO
- UNK

Post Tx De Novo Solid Tumor:

- YES
- NO
- UNK

De Novo Lymphoproliferative disease and Lymphoma:

- YES
- NO
- UNK