

Records

Post 5 Year Adult 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"/>

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:	<input type="text"/>
If Functioning, Most Recent Serum Creatinine:	<input type="text"/> mg/dl St= <input type="text"/>

Kidney/Pancreas Clinical Information	
Kidney 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.	
Kidney Date of Failure:	<input type="text"/>
Kidney Primary Cause of Graft Failure:	<input type="text"/>
Primary Other, Specify:	<input type="text"/>
If Functioning, Most Recent Serum Creatinine:	<input type="text"/> mg/dl St= <input type="text"/>

Pancreas Graft Status: *	<input type="radio"/> Functioning <input type="radio"/> Partial Function <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.	
Pancreas Date of Failure:	<input type="text"/>
Pancreas Primary Cause of Graft Failure:	<input type="text"/>
Primary Other, Specify:	<input type="text"/>
Contributory causes of graft failure:	
Contributory: Graft/Vascular Thrombosis:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Contributory: Infection:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Contributory: Bleeding:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> 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:

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 Cause 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=

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 Failure:

Other, Specify:

Most Recent Serum Creatinine: mg/dl St=

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

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=

Postransplant Malignancy: * YES NO UNK

Donor Related: YES NO UNK

Recurrence of Pre-Tx Tumor: YES NO UNK

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.

Date of Failure:

Primary Non-Function

Acute Rejection

Chronic Rejection/Atherosclerosis

Other specify

Other, Specify:

Coronary Artery Disease? (Heart Only) * Yes No UNK

NO BOS

Yes, Grade OP

Yes, Grade 1

Bronchiolitis Obliterans Syndrome (Lung Only): * Yes, Grade 2

Yes, Grade 3

Yes, Grade UNK

Unknown

Renal Dysfunction? * Yes No UNK

If Yes, Creatinine > 2.5 mg/dl? Yes No UNK

Chronic Dialysis? Yes No UNK

Renal Tx Since Thoracic Tx? Yes No UNK

Most Recent Serum Creatinine: mg/dl

St=