

# Records

## Living Donor 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<sup>B</sup> 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<sup>B</sup> 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.

### Donor ID:

<b>Provider Information</b>
Recipient Center:
Followup Center:

<b>Donor Information</b>
Name: <span style="float: right;">DOB:</span>
Transplant Date:
SSN: <span style="float: right;">Gender:</span>
Donor ID: <span style="float: right;">Recovery Date:</span>
Organ:

<b>Donor Status</b>
Date of Initial Discharge:
<input type="radio"/> Living: Donor seen at transplant center
<input type="radio"/> Living: Donor status update by phone or email correspondence between transplant center and donor
<input type="radio"/> Living: Donor status update by other health care facility
<input type="radio"/> Living; Donor status update via other source (example; recipient)
<input type="radio"/> Living: Donor contacted, declined follow-up with transplant center
<input type="radio"/> Dead
<input type="radio"/> Lost: No attempt to contact donor
<input type="radio"/> Lost: Unable to contact donor
<input type="text"/>
Most Recent Donor Status since [mm/dd/yyyy]:
Date: Last Contact or Death * <input type="text"/>
Cause of Death: <input type="text"/>
Specify: <input type="text"/>
Functional Status: * <input type="text"/>
Physical Capacity: *
<input type="radio"/> No Limitations
<input type="radio"/> Limited Mobility

- Wheelchair bound or more limited
- Unknown

Working for Income:

- YES
- NO
- UNK

If No, Not Working Due To:

- Disability
- Insurance Conflict
- Inability to Find Work
- Donor Choice - Homemaker
- Donor Choice - Student Full Time/Part Time
- Donor Choice - Retired
- Donor Choice - Other
- Unknown

If Yes:

- Working Full Time
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Donor Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

**Clinical Information**

Current Weight: \*

 lb

 kg

ST=

Were any of the following procedures performed since [mm/dd/yyyy]:

CAT Scan: \*

- Not Done
- Yes, Normal Results
- Yes, Specify Results
- Unknown

Specify:

MRI: \*

- Not Done
- Yes, Normal Results

Yes, Specify Results

Unknown

Specify:

Not Done

Yes, Normal Results

Yes, Specify Results

Unknown

Ultrasound: \*

Specify:

### Liver Clinical Information

Most Recent Values Since [mm/dd/yyyy]:

Total Bilirubin:

mg/dl

ST=

SGOT/AST:

U/L

ST=

SGPT/ALT:

U/L

ST=

Alkaline Phosphatase:

units/L

ST=

Serum Albumin:

g/dl

ST=

Serum Creatinine:

mg/dl

ST=

INR:

ST=

### Kidney Clinical Information

Most Recent Values Since [mm/dd/yyyy]:

Serum Creatinine:

mg/dl

ST=

Blood Pressure Systolic:

mm/Hg

ST=

Blood Pressure Diastolic:

mm/Hg

ST=

Donor Developed Hypertension Requiring Medication:

YES  NO  UNK

Urinalysis:

Urine Protein:

- Positive
- Negative
- Not Done
- Unknown

or

Protein-Creatinine Ratio:

Maintenance Dialysis:

- YES
- NO
- UNK

If Yes, Date First Dialyzed:

Diabetes:

- YES
- NO
- UNK

Treatment:

- Insulin
- Oral Hypoglycemic Agent
- Diet

### Lung Clinical Information

Activity Level:

- No change in activity level
- Mild decrease in activity level
- Moderate decrease in activity level
- Severe decrease in activity level
- Increase in activity level
- Unknown

Chronic Incisional Pain:

- Mild
- Moderate
- Severe
- Unknown

### Complications

Has the donor been readmitted since  
[mm/dd/yyyy]: \*

- YES
- NO
- UNK

If Yes, Date of First Readmission:

ST=

Specify Reason for First Readmission:

**Kidney Complications Since [mm/dd/yyyy]: \***

YES  NO  UNK

If Yes:

Added to UNOS TX candidate waiting list

Other, specify

Specify:

**Liver Complications Since [mm/dd/yyyy]: \***

YES  NO  UNK

If Yes:

Bile Leak

Hepatic Resection

Abscess

Liver Failure

Added to UNOS TX candidate waiting list

Other, specify

Specify:

**Complications Since [mm/dd/yyyy]: \***

YES  NO

Specify:

### Recipient Information

**Name:**

**Transplant Date:**

**SSN:**