

Records

Pediatric Kidney Transplant Candidate Registration 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.

Provider Information		
Recipient Center:		
Candidate Information		
Organ Registered:		Date of Listing or Add:
Last Name: *	First Name: *	MI:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Surname:		
<input type="text"/>		
SSN:	Gender: *	<input type="radio"/> Male <input type="radio"/> Female
HIC:	<input type="text"/>	DOB: * <input type="text"/>
State of Permanent Residence: *		<input type="text"/>
Permanent ZIP Code: *		<input type="text"/> - <input type="text"/>
Is Patient waiting in permanent ZIP code: <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK		
Ethnicity/Race: * (select all origins that apply)		
American Indian or Alaska Native		
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian Indian/Indian Sub-Continent
<input type="checkbox"/> Eskimo	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Aleutian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Alaska Indian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Asian: Other
<input type="checkbox"/> American Indian or Alaska Native: Other	<input type="checkbox"/> Asian: Not Specified/Unknown	
<input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown		
Black or African American		
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Mexican
<input type="checkbox"/> African (Continental)	<input type="checkbox"/> Puerto Rican (Mainland)	<input type="checkbox"/> Puerto Rican (Island)
<input type="checkbox"/> West Indian	<input type="checkbox"/> Cuban	<input type="checkbox"/> Hispanic/Latino: Other
<input type="checkbox"/> Haitian	<input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown	
<input type="checkbox"/> Black or African American: Other		
<input type="checkbox"/> Black or African American: Not Specified/Unknown		

Native Hawaiian or Other Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Native Hawaiian or Other Pacific Islander: Other
- Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White

- European Descent
- Arab or Middle Eastern
- North African (non-Black)
- White: Other
- White: Not Specified/Unknown

Citizenship: *

- U.S. CITIZEN
- RESIDENT ALIEN
- NON-RESIDENT ALIEN, Year Entered US

Year of Entry to the U.S.

Highest Education Level: *

- NONE
- GRADE SCHOOL (0-8)
- HIGH SCHOOL (9-12)
- ATTENDED COLLEGE/TECHNICAL SCHOOL
- ASSOCIATE/BACHELOR DEGREE
- POST-COLLEGE GRADUATE DEGREE
- N/A (< 5 YRS OLD)
- UNKNOWN

Medical Condition at time of listing:

- IN INTENSIVE CARE UNIT
- HOSPITALIZED NOT IN ICU
- NOT HOSPITALIZED

Functional Status: *

Cognitive Development: *

- Definite Cognitive delay/impairment (verified by IQ score <70 or unambiguous behavioral observation)
- Probable Cognitive delay/impairment (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence)
- 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)
- No Cognitive delay/impairment (no obvious indicators of cognitive delay/impairment)
- Not Assessed

Motor Development: *

- Definite Motor delay/impairment (verified by physical exam or unambiguous behavioral observation)
- Probable Motor delay/impairment (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence)
- Questionable Motor delay/impairment (not judged to be more likely than not, but with some indications of motor delay/impairment)
- No Motor delay/impairment (no obvious indicators of motor delay/impairment)
- Not Assessed

Academic Progress: *

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old
- 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 < 5 years old/ High School graduate
- 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.

Previous Pancreas Islet Infusion:

- YES NO UNK

Source of Payment:

Primary: *

Specify:

Secondary:

Clinical Information: AT LISTING

Date of Measurement:

*

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

Weight: * lbs kg %ile ST=

BMI: kg/m² %ile

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

ABO Blood Group:

Primary Diagnosis: *

Specify:

General Medical Factors:

Diabetes: *

- No
- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- Dialysis Status Unknown
- Dialysis-Unknown Type was performed

Peptic Ulcer:

- No
- Yes, active within the last year
- Yes, not active within the last year
- Unknown

Angina:

- No
- Yes, and documented Coronary Artery Disease
- Yes, with no documented Coronary Artery Disease
- Yes, but Coronary Artery Disease unknown
- Status Unknown

Drug Treated Systemic Hypertension: YES NO UNK

Symptomatic Cerebrovascular Disease: YES NO UNK

Symptomatic Peripheral Vascular Disease: YES NO UNK

Drug Treated COPD: YES NO UNK

Any previous Malignancy: * YES NO UNK

Specify Type:

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

Specify:

Most Recent Serum Creatine: mg/dl ST=

Total Serum Albumin: * g/dl ST=

Kidney 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:

of fractures:

Other

AVN (avascular necrosis):

YES NO UNK