

Records

Adult 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:
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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)	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian Indian/Indian Sub-Continent
<input type="checkbox"/> Eskimo	<input type="checkbox"/> Chinese
<input type="checkbox"/> Aleutian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Alaska Indian	<input type="checkbox"/> Japanese
<input type="checkbox"/> American Indian or Alaska Native: Other	<input type="checkbox"/> Korean
<input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Asian: Other
	<input type="checkbox"/> Asian: Not Specified/Unknown
Black or African American	Hispanic/Latino
<input type="checkbox"/> African American	<input type="checkbox"/> Mexican
<input type="checkbox"/> African (Continental)	<input type="checkbox"/> Puerto Rican (Mainland)
<input type="checkbox"/> West Indian	<input type="checkbox"/> Puerto Rican (Island)
<input type="checkbox"/> Haitian	<input type="checkbox"/> Cuban
<input type="checkbox"/> Black or African American: Other	<input type="checkbox"/> Hispanic/Latino: Other
<input type="checkbox"/> Black or African American: Not Specified/Unknown	<input type="checkbox"/> Hispanic/Latino: 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: *

Physical Capacity:

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Not Applicable (< 1 year old or hospitalized)
- Unknown

Working for income:

- YES
- NO
- UNK

If No, Not Working Due To:

If Yes:

- Working Full Time
- Working Part Time due to Demands of Treatment
- 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 Patient Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

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
- 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

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

Weight: * lbs kg %ile ST=

BMI:	kg/m ²	%ile
ABO Blood Group:		
Primary Diagnosis:*	<input type="text"/>	
Specify:	<input type="text"/>	
General Medical Factors:		
Diabetes:*	<input type="radio"/> No <input type="radio"/> Type I <input type="radio"/> Type II <input type="radio"/> Type Other <input type="radio"/> Type Unknown <input type="radio"/> Diabetes Status Unknown	
Dialysis:	<input type="radio"/> No dialysis <input type="radio"/> Hemodialysis <input type="radio"/> Peritoneal Dialysis <input type="radio"/> Dialysis Status Unknown <input type="radio"/> Dialysis-Unknown Type was performed	
Peptic Ulcer:	<input type="radio"/> No <input type="radio"/> Yes, active within the last year <input type="radio"/> Yes, not active within the last year <input type="radio"/> Unknown	
Angina:	<input type="radio"/> No <input type="radio"/> Yes, and documented Coronary Artery Disease <input type="radio"/> Yes, with no documented Coronary Artery Disease <input type="radio"/> Yes, but Coronary Artery Disease unknown <input type="radio"/> Status Unknown	
Drug Treated Systemic Hypertension:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Symptomatic Cerebrovascular Disease:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Symptomatic Peripheral Vascular Disease:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> 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=