

Records

Living Donor Follow-Up Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 12/31/2011

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI® 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® 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:

Recipient Center:

Followup Center:

Name:

DOB:

Transplant Date:

SSN:

Gender:

Donor ID:

Recovery Date:

Organ:

Date of Initial Discharge:

Date of last contact
or death: *

Most Recent Donor
Status since: *

Attempts to Collect:
*

Cause of Death:

Specify:

Functional Status:

Physical Capacity: *

- No Limitations
 Limited Mobility

- Wheelchair bound or more limited
- Unknown

Working for Income:

- YES NO UNK

- Disability
- Insurance Conflict
- Inability to Find Work

If No, Not Working Due To:

- Donor Choice - Homemaker
- Donor Choice - Student Full Time/Part Time
- Donor Choice - Retired
- Donor Choice - Other
- Unknown

- Working Full Time
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict

If Yes:

- 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

Current weight: *

 lb

 kg

 ST=

Were any of the following procedures performed since:

CAT Scan:

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

Specify:

MRI:

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

Specify:

Ultrasound:

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

Specify:

Most Recent Values Since:

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=

Most Recent Values Since:

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

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

Has the donor been readmitted since:

- YES NO UNK

If Yes, Date of First Readmission:

ST=

Specify Reason for First Readmission:

Kidney Complications since:

- YES NO UNK

If Yes:

- Added to UNOS TX candidate waiting list
- Other, specify

Specify:

Liver Complications since:

YES NO UNK

Bile Leak

Hepatic Resection

Abscess

Liver Failure

Added to UNOS TX candidate waiting list

Other, specify

If Yes:

Specify:

Complications since: *

YES NO

Specify:

Name:

Transplant Date:

SSN:

Comments: