

# Records

## Pediatric Intestine Transplant Recipient Post 5-Year 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<sup>®</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>®</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.

Name:

DOB:

SSN:

Gender:

HIC:

Tx Date:

Previous Follow-Up: Transplant Recipient Registration

Previous Px Stat  
Date:

Transplant Discharge Date:

State of Permanent Residence: \*

Zip Code: \*

Recipient Center:

Followup Center:

UNOS Donor ID #:

Donor Type:

Date: Last Seen, Retransplanted or Death \*

Patient Status: \*

- LIVING
- DEAD
- RETRANSPLANTED

Primary Cause of Death:

Specify:

Functional Status: \*

**Cognitive Development: \***

- Definite Cognitive delay/impairment
- Probable Cognitive delay/impairment
- Questionable Cognitive delay/impairment
- No Cognitive delay/impairment
- Not Assessed

**Motor Development: \***

- Definite Motor delay/impairment
- Probable Motor delay/impairment
- Questionable Motor delay/impairment
- No Motor delay/impairment
- Not Assessed

---

---

Date of Measurement:

Height: \*

ft. in.

cm

ST=

Weight: \*

lbs.kg

ST=

BMI:

kg/m<sup>2</sup>

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=

Diabetes onset during the follow-up period: \*

YES  NO  UNK

Insulin dependent:

YES  NO  UNK

---

Coronary Artery Disease Since Last Follow Up: \*

YES  NO  UNK

---

Post Transplant 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