Records

Pediatric Kidney 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® 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.

Recipient Information

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: * -

Provider Information

Recipient Center:

Followup Center:

Donor Information

UNOS Donor ID #:

Donor Type:

Patient Status

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

Clinical Information

Date of Measurement:

Height:* ft. in. cm ST=

Weight:* lbs. kg ST=

BMI: kg/m^2

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.

If Functioning, Most Recent Serum Creatinine: mg/dl ST=

Date of Failure:

Primary Cause of Graft Failure:*

Other, Specify:

Diabetes onset during the follow-up period:* YES NO UNK

If yes, 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
Post Tx De Novo Solid Tumor:	○ YES ○ NO ○ UNK
De Novo Lymphoproliferative disease and Lymphoma:	○ YES ○ NO ○ UNK

UNOS View Only

Comments:

 Public Burden/Privacy Act Statements