

Records

Pediatric Liver Transplant Candidate Registration 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 Center:

Organ Registered:

Date of Listing or Add:

Last Name: *

First Name: *

MI:

Previous Surname:

SSN:

Gender: *

Male

Female

HIC:

DOB: *

State of Permanent Residence: *

Permanent ZIP Code: *

Is Patient waiting in permanent ZIP code:

YES

NO

UNK

Ethnicity/Race: *

(select all origins that apply)

American Indian or Alaska Native

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

Asian

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Black or African American

- African American
- African (Continental)
- West Indian
- Haitian
- Black or African American: Other
- 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

- Asian: Not Specified/Unknown

Hispanic/Latino

- Mexican
- Puerto Rican (Mainland)
- Puerto Rican (Island)
- Cuban
- Hispanic/Latino: Other
- Hispanic/Latino: 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) or GED
- 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

Patient on Life Support: *

- YES NO

- Ventilator
- Artificial Liver
- Other Mechanism, Specify

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

Academic Progress: *

- Within One Grade Level of Peers
- Delayed Grade Level

- Special Education
- Not Applicable < 5 years old/ High School graduate or GED
- 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 or GED
- 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:

Date of Measurement:

Height: *

 ft. in.

 cm

 ST=

Weight: *

 lbs

 kg

 ST=

BMI:

kg/m²

ABO Blood Group:

Primary Diagnosis: *

Specify:

Secondary Diagnosis:

Specify:

General Medical Factors:

Diabetes: *

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

Dialysis:

- No dialysis
- Hemodialysis
- Peritoneal Dialysis
- CAVH: Continuous Arteriovenous Hemofiltration
- CV VH: Continuous Venous/Venous Hemofiltration
- 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

Pulmonary Embolism: 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
- Hepatoblastoma
- Hepatocellular Carcinoma

Other, specify

Specify:

Most Recent Serum Creatinine:

 mg/dl

ST=

Variceal Bleeding within Last Two Weeks:

YES NO UNK

Previous Upper Abdominal Surgery: *

YES NO UNK

Spontaneous Bacterial Peritonitis: *

YES NO UNK

History of Portal Vein Thrombosis: *

YES NO UNK

History of TIPSS: *

YES NO UNK