

# Records

## Adult Kidney-Pancreas 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

If Retransplanted, choose organ(s):

- Kidney  Pancreas  Kidney/Pancreas

Primary Cause of Death:

Specify:

Kidney 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.

Kidney Date of Failure:

Kidney Primary Cause of Graft Failure:

Specify

If Functioning, Most Recent Serum Creatinine:

mg/dl

ST=

Pancreas Graft Status: \*

Functioning  Partial Function  Failed

Pancreas Date of Failure

Pancreas Primary Causes of Graft Failure

Specify:

Contributory causes of graft failure:

Pancreas Graft/Vascular Thrombosis

YES  NO  
 UNK

Pancreas Infection

YES  NO  
 UNK

Pancreas Bleeding

YES  NO  
 UNK

Anastomotic Leak

YES  NO  
 UNK

Pancreas Rejection: Acute

YES  NO  
 UNK

Pancreas Chronic Rejection

YES  NO  
 UNK

Biopsy Proven Isletitis

YES  NO  
 UNK

Pancreatitis

YES  NO  
 UNK

Patient Noncompliance

YES  NO  
 UNK

Other, Specify:

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