Records

Adult 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® 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.

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:

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:

- ○ RECURRENT TUMOR
- ○ ACUTE REJECTION
- ○ CHRONIC REJECTION
- ○ TECHNICAL PROBLEMS
- ○ INFECTION
- ○ LYMPHOPROLIFERATIVE DISEASE
- ○ PATIENT NONCOMPLIANCE
- ○ OTHER SPECIFY

Other, Specify: [ ]

Most Recent Serum Creatinine: * [ ] mg/dl ST= [ ]

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