

## Pediatric 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® 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.

SSN: Gender:  HIC: Tx Date:  Previous Follow-Up: Transplant Recipient Registration  Previous Px Stat Date:  Transplant Discharge Date:  State of Permanent Residence: *  Zip Code: *  Zip Code: *  Zip Code: *  UNOS Donor ID #:  Donor Type:   Date: Last Seen, Retransplanted or Death *  C LIVING  C DEAD  C RETRANSPLANTED  H Retransplanted, choose organ(s):  Kidney Pancreas  Kidney/Pancreas		
HIC: Tx Date: Previous Follow-Up: Transplant Recipient Registration Previous Px Stat Date:  Transplant Discharge Date:  State of Permanent Residence: *  Zip Code: *  Zip Code	Name:	DOB:
Previous Follow-Up: Transplant Recipient Registration  Previous Px Stat Date:  Transplant Discharge Date:  State of Permanent Residence: *  Zip Code: *  Zip Code	SSN:	Gender:
Transplant Discharge Date:  State of Permanent Residence: *  Zip Code:	HIC:	Tx Date:
State of Permanent Residence: *  Zip Code: *  Recipient Center: Followup Center:  DuNOS Donor ID #: Donor Type:  Date: Last Seen, Retransplanted or Death *  C LIVING  C DEAD  C RETRANSPLANTED  If Retransplanted, choose organ(s):  Kidney Pancreas  Kidney/Pancreas	Previous Follow-Up: Transplant Recipient Registration	
Recipient Center: Followup Center:  UNOS Donor ID #: Donor Type:  Date: Last Seen, Retransplanted or Death *  C LIVING  Patient Status: *  C DEAD  C RETRANSPLANTED  If Retransplanted, choose organ(s):  Kidney Pancreas  Kidney/Pancreas	Transplant Discharge Date:	
Recipient Center: Followup Center:  UNOS Donor ID #: Donor Type:  Date: Last Seen, Retransplanted or Death *  C LIVING DEAD C RETRANSPLANTED  If Retransplanted, choose organ(s):  Kidney Pancreas Kidney/Pancreas	State of Permanent Residence: *	
Followup Center:  UNOS Donor ID #: Donor Type:  Date: Last Seen, Retransplanted or Death *  C LIVING Patient Status: *  DEAD  RETRANSPLANTED  ff Retransplanted, choose organ(s):  Ridney Pancreas  Kidney/Pancreas	Zip Code: ★	
Followup Center:  UNOS Donor ID #: Donor Type:  Date: Last Seen, Retransplanted or Death *  C LIVING Patient Status: *  DEAD  RETRANSPLANTED  ff Retransplanted, choose organ(s):  Ridney Pancreas  Kidney/Pancreas	[	
UNOS Donor ID #: Donor Type:  Date: Last Seen, Retransplanted or Death *  C LIVING  DEAD  C RETRANSPLANTED  If Retransplanted, choose organ(s):  Primary Cause of Death:	Recipient Center:	
Date: Last Seen, Retransplanted or Death *  C LIVING  Patient Status: *  DEAD  RETRANSPLANTED  Figure 1 Retransplanted, choose organ(s):  Kidney Pancreas Kidney/Pancreas	Followup Center:	
Date: Last Seen, Retransplanted or Death *  C LIVING  Patient Status: *  DEAD  RETRANSPLANTED  Figure 1 Retransplanted, choose organ(s):  Kidney Pancreas Kidney/Pancreas		
Date: Last Seen, Retransplanted or Death *  C LIVING  Patient Status: *  DEAD  RETRANSPLANTED  Figure 1 Retransplanted, choose organ(s):  Kidney Pancreas Kidney/Pancreas		
Date: Last Seen, Retransplanted or Death *  LIVING  DEAD  RETRANSPLANTED  If Retransplanted, choose organ(s):  Kidney  Pancreas  Kidney/Pancreas	UNOS Donor ID #:	
Patient Status: *  DEAD  RETRANSPLANTED  Kidney Pancreas Kidney/Pancreas  Primary Cause of Death:	Donor Type:	
Patient Status: *  DEAD  RETRANSPLANTED  Kidney Pancreas Kidney/Pancreas  Primary Cause of Death:		
Patient Status: *  DEAD  RETRANSPLANTED  Kidney Pancreas Kidney/Pancreas  Primary Cause of Death:	-	
Patient Status: *  DEAD  RETRANSPLANTED  Kidney Pancreas Kidney/Pancreas  Primary Cause of Death:		
Patient Status: *  DEAD  RETRANSPLANTED  Kidney Pancreas  Kidney/Pancreas	Date: Last Seen, Retransplanted or Death *	
Patient Status: *  DEAD  RETRANSPLANTED  Kidney Pancreas Kidney/Pancreas  Primary Cause of Death:		C LIVING
DEAD  RETRANSPLANTED  Kidney  Pancreas  Kidney/Pancreas		
RETRANSPLANTED  O Kidney Pancreas Kidney/Pancreas  Primary Cause of Death:	Patient Status: *	DEAD
Primary Cause of Death:		RETRANSPLANTED
	If Retransplanted, choose organ(s):	C Kidney Pancreas C Kidney/Pancreas
Specify:	Primary Cause of Death:	
	Specify:	

Functional Status: *		
	^	
	Definite Cognitive delay/impairment	
	Probable Cognitive delay/impairment	
Cognitive Development: *	Questionable Cognitive delay/impairment	
	No Cognitive delay/impairment	
	Not Assessed	
	c	
	Definite Motor delay/impairment	
	Probable Motor delay/impairment	
Motor Development: *	Questionable Motor delay/impairment	
	No Motor delay/impairment	
	Not Assessed	
Date of Measurement:		
Height: *	ftincm	ST=
Weight: *	lbs.	ST=
BMI:	kg/m <sup>2</sup>	
Kidney Graft Status: *	C Functioning Failed	
If death is indicated for the recipient, and the death wa	vas 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:	ma/dl ST=	

Pancreas Graft Status: ★	C Functioning Partial Function Failed	
Pancreas Date of Failure		
Pancreas Primary Causes of Graft Failure		
Specify:		
Contributory causes of graft failure:		
Pancreas Graft/Vascular Thrombosis		C YES NO
Pancreas Infection		C YES NO
Pancreas Bleeding		C YES NO NO UNK
Anastomotic Leak		C <sub>YES</sub> C <sub>NO</sub>
Pancreas Rejection: Acute		C <sub>YES</sub> C <sub>NO</sub>
Pancreas Chronic Rejection		C <sub>YES</sub> C <sub>NO</sub>
Biopsy Proven Isletitis		C YES NO
Pancreatitis		C YES NO NO UNK
Patient Noncompliance		C YES NO NO UNK
Other, Specify:		

Coronary Artery Disease Since Last Follow Up: ★	YES NO UNK
Post Transplant Malignancy: *	C YES C NO UNK
Donor Related:	C YES C NO C UNK
Recurrence of Pre-Tx Tumor:	C YES C NO C UNK
De Novo Solid Tumor:	C YES C NO C UNK
De Novo Lymphoproliferative disease and Lymphoma:	C YES C NO C UNK