Pancreas and Pancreas Islets Transplant Candidate Registration (TCR) Record Field Descriptions

The Transplant Candidate Registration (TCR) record is generated when a candidate for transplant is added to the OPTN/UNOS waiting list. A TCR will also be generated in the case of a living donor transplant, where the candidate was not added to the Waitlist℠, and was added through the living donor feedback process.

If the candidate is already on the waiting list for a transplant, another TCR record will not be generated unless listed by a different center or for another organ type.

The TCR record must be completed within 30 days from the record generation date. See OPTN/UNOS Policies for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

To correct information that is already displayed on an electronic record, call the UNet℠ Help Desk at 1-800-978-4334.

The Pancreas and Pancreas Islet fields are the same.

Provider Information

Recipient Center: The Recipient Center information reported in Waitlist displays. Verify that the center information is the hospital where the transplant operation will be performed. The Provider Number is the 6-character Medicare identification number of the hospital. This is followed by the Center Code and Center Name.

Candidate Information

Organ Registered: Verify the organ(s) displayed is/are the organ(s) listed for this candidate. If the candidate is listed for more than one type of transplant, both organs should be displayed. Separate records exist for certain multi-organ transplant candidates (e.g. Heart/Lung and Kidney/Pancreas).

Date of Listing or Add: The date the candidate was listed or added in Waitlist will display.

Name: The waitlisted candidate's last name, first name and middle initial will be displayed. If it is incorrect, corrections must be completed on the active waitlist. For a candidate who has been removed from the waitlist, the **Last Name**, **First Name** and **MI** fields will display. Corrections may be made directly in the record. These fields are **required**.

Previous Surname: If the candidate had a previous surname that is different from the name entered, enter the previous surname.

SSN: Verify the candidate's social security number. If the information is incorrect and the candidate is waitlisted, contact the UNOS Organ Center at 1-800-292-9537.

Gender: Verify candidate's gender. If the gender is not displayed or is incorrect and the candidate is on the active waitlist, correction must be completed on the active waitlist record. If the candidate has been removed from the active waitlist, corrections may be made directly in the record. This field is **required**.

HIC: Enter the 9 to 11 character Health Insurance Claim number for the candidate. If the candidate does not have a HIC number, you may leave this field blank.

DOB: Verify the displayed date is the candidate's date of birth. If the information is incorrect, correction must be completed on the active waitlist. If the candidate has been removed, reenter the correct date using the 8-digit numeric format of MM/DD/YYYY. Corrections may be made directly in the record. This field is **required**.

State of Permanent Residence: Select the name of the state of the candidate's permanent address at the time of listing (location of full-time residence, not where the candidate is currently waiting). This field is **required**. (Appendix A)

Permanent Zip Code: Enter the candidate's permanent zip code (location of full-time residence, not where the candidate is currently waiting). This field is **required**.

Ethnicity/Race: Select all origins that indicate the candidate's ethnicity/race. The Ethnicity/Race cannot be changed using the Tiedi TCR form until the patient has been removed from the Waitlist. This field is **required**.

American Indian or Alaska Native: Select for candidates who are of North, South, or Central American descent (e.g. **American Indian**, **Eskimo**, **Aleutian**, **Alaska Indian**). If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **American Indian or Alaska Native: Other**. If unknown, select **American Indian or Alaska Native: Not Specified/Unknown**.

Asian: Select for candidates who are of Asian descent (e.g. **Asian Indian/Indian Sub-Continent**, **Chinese**, **Filipino**, **Japanese**, **Korean**, **Vietnamese**). If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **Asian: Other**. If unknown, select **Asian: Not Specified/Unknown**.

Black or African American: Select for candidates of African descent (e.g. **African American**, **African (Continental)**, **West Indian**, **Haitian**). If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **Black or African American: Other**. If unknown, select **Black or African American: Not Specified/Unknown**.

Hispanic/Latino: Select for candidates who are of Central or South American descent (e.g. **Mexican, Puerto Rican (Mainland)**, **Puerto Rican (Island)**, **Cuban**). If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **Hispanic/Latino: Other**. If unknown, select **Hispanic/Latino: Not Specified/Unknown**.

Native Hawaiian or Other Pacific Islander: Select for candidates who are descendents of the **Native Hawaiian**, **Guamanian or Chamorro**, or **Samoan** peoples. If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **Native Hawaiian or Other Pacific Islander: Other**. If unknown, select **Native Hawaiian or Other Pacific Islander: Not Specified/Unknown**.

White: Select for candidates who are of **European Descent**, **Arab or Middle Eastern** or **North African (non-Black)**. If the candidate belongs to the primary category, but does not belong to any of the subcategories listed, select **White: Other**. If unknown, select **White: Not Specified/Unknown**.

Citizenship: Select as appropriate to indicate the candidate's citizenship. This field is **required**.

U.S. Citizen: A United States citizen by birth or naturalization.

Non-U.S. Citizen/U.S. Resident: A non-citizen of the United States for whom the United States is the primary place of residence.

Non-U.S. Citizen/Non-U.S. Resident, Traveled to U.S. for Reason Other Than Transplant: A non-citizen of the United States for whom the United States is not the primary place of residence, and who came to the U.S. for a reason other than transplant.

Non-U.S. Citizen/Non-U.S. Resident, Traveled to U.S. for Transplant: A non-citizen of the United States for whom the United States is not the primary place of residence, and who came to the U.S. for the purpose of transplant.

Country of Permanent Residence: If **Non-U.S. Citizen/Non-U.S. Resident, Traveled to U.S. for Reason Other Than Transplant** or **Non-U.S. Citizen/Non-U.S. Resident, Traveled to U.S. for Transplant** is selected, enter the country associated with the primary place of residence. This field is **required**.

Year of Entry to the U.S.: If the candidate is a Non-U.S. Citizen/Non-U.S. Resident, enter the year the candidate entered the United States. Select the appropriate status from the **ST** field (**Missing**, **Unknown**, **N/A**, **Not Done**).This field is **required**.

Highest Education Level: Select the choice which best describes the candidate's highest level of education. This field is **required**.

> **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**

Functional Status: Select the choice that best describes the candidate's functional status at the time of listing. This field is **required**.

> *Note:* The Karnofsky Index will display for adults aged 18 and older.

> > 100% - Normal, no complaints, no evidence of disease
> > 90% - Able to carry on normal activity: minor symptoms of disease
> > 80% - Normal activity with effort: some symptoms of disease
> > 70% - Cares for self: unable to carry on normal activity or active work
> > 60% - Requires occasional assistance but is able to care for needs
> > 50% - Requires considerable assistance and frequent medical care
> > 40% - Disabled: requires special care and assistance
> > 30% - Severely disabled: hospitalization is indicated, death not imminent
> > 20% - Very sick, hospitalization necessary: active treatment necessary
> > 10% - Moribund, fatal processes progressing rapidly
> > Unknown

> *Note:* The Lansky Score will display for pediatrics aged less than 18.

> > 100% - Fully active, normal
> > 90% - Minor restrictions in physically strenuous activity
> > 80% - Active, but tires more quickly
> > 70% - Both greater restriction of and less time spent in play activity
> > 60% - Up and around, but minimal active play; keeps busy with quieter activities
> > 50% - Can dress but lies around much of day; no active play; can take part in quiet play/activities
> > 40% - Mostly in bed; participates in quiet activities
> > 30% - In bed; needs assistance even for quiet play
> > 20% - Often sleeping; play entirely limited to very passive activities
> > 10% - No play; does not get out of bed
> > Not Applicable (patient < 1 year old)
> > Unknown

> *Note:* This evaluation should be in comparison to the person's normal function, indicating how the patient's disease has affected their normal function.

Cognitive Development: (Complete for candidates 18 years of age or younger.) Select the choice that best describes the candidate's cognitive development at the time of listing. This field is **required**.

> **Definite Cognitive Delay/Impairment** (verified by IQ score <70 or unambiguous behavioral observation)

> **Probable Cognitive Delay/Impairment** (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence)

> **Questionable Cognitive Delay/Impairment** (not judged to be more likely than not, but with some indication of cognitive delay/impairment such as expressive/receptive language and/or learning difficulties)

> **No Cognitive Delay/Impairment** (no obvious indicators of cognitive delay/impairment)

Not Assessed

Motor Development: (Complete for candidates 18 years of age or younger.) Select the choice that best describes the candidate's motor development at the time of listing. This field is **required**.

Definite Motor Delay/Impairment (verified by physical exam or unambiguous behavioral observation)

Probable Motor Delay/Impairment (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence)

Questionable Motor Delay/Impairment (not judged to be more likely than not, but with some indication of motor delay/impairment)

No Motor Delay/Impairment (no obvious indicators of motor delay/impairment)

Not Assessed

Working for income: (Complete for candidates 18 years of age or older.) If the candidate is physically working and receiving a salary for income, select **Yes**. If not, select **No**. If unknown, select **UNK**.

Academic Progress: (This field is required for candidates less than 18 years of age.) Select the choice that best describes the candidate's academic progress at the time of listing. If the candidate is less than 5 years old or has graduated from high school, select **Not Applicable < 5 years old/High School graduate or GED**.

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: (This field is required for candidates less than 18 years of age.) Select the choice that best describes the candidate's academic activity level at the time of listing. If the candidate is less than 5 years old or has graduated from high school, select **Not Applicable < 5 years old/High School graduate or GED**.

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: The three most recent transplant(s), indicated on the candidate's validated Transplant Recipient Registration (TRR) record(s), will display. Verify all previous transplants listed by organ type, transplant date and graft failure date.

Note: The three most recent transplants on record for this candidate will be displayed for verification. If there are any prior transplants that are not listed here, contact the UNet Help Desk at 1-800-978-4334 or unethelpdesk@unos.org to determine if the transplant event is in the database.

Previous Pancreas Islet Infusion: If the candidate received a previous pancreas islet infusion, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required** for adults.

Source of Payment:

Primary: Select as appropriate to indicate the candidate's source of primary payment (largest contributor) for the transplant. If the source of payment is not yet determined, select **Pending**. This field is **required**.

Private insurance refers to funds from agencies such as Blue Cross/Blue Shield, etc. It also refers to any worker's compensation that is covered by a private insurer.

Public insurance - Medicaid refers to state Medicaid funds.

Public insurance - Medicare FFS (Fee-for-Service) refers to funds from the government in which doctors and other health care providers are paid for each service provided to a candidate. For additional information about Medicare, see http://www.medicare.gov/.

Public insurance - Medicare & Choice refers to funds from the government in which doctors and other health care providers are paid for each service provided to a candidate, along with additional benefits such as coordination of care or reducing-out-of-pocket expenses. Sometimes a candidate may receive additional benefits such as prescription drugs. For additional information about Medicare, see http://www.medicare.gov/.

Public insurance - CHIP (Children's Health Insurance Program)

Public insurance - Department of VA refers to funds from the Veterans Administration.

Public insurance - Other government refers to funds from another government agency.

Self indicates that the candidate will pay for the cost of transplant.

Donation indicates that a company, institution, or individual(s) donated funds to pay for the transplant and care of the candidate.

Free Care indicates that the transplant hospital will not charge candidate for the costs of the transplant operation.

Pending is used if the source of payment is not yet determined (Primary only).

Foreign Government, Specify refers to funds provided by a foreign government (Primary only) Specify the foreign country in the space provided. (Appendix E)

Clinical Information: AT LISTING

Date of Measurement:(Complete for candidates 18 years of age or younger.) Enter the date, using the 8-digit format of MM/DD/YYYY, the candidate's height and weight were measured.

Height: Enter the height of the candidate at the time of listing in the appropriate space, in feet and inches or centimeters. If the candidate's height is unavailable, select the appropriate status from the **ST** field (**Missing**, **Unknown, N/A**, **Not Done**). This field is **required**. For candidates 18 years old or younger at the time of listing, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

Weight: Enter the weight of the candidate at the time of listing in the appropriate space, in pounds or kilograms. If the candidate's weight is unavailable, select the appropriate status from the **ST** field (**Missing**, **Unknown, N/A**, **Not Done**). This field is **required**. For candidates 18 years old or younger at the time of listing, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

BMI (Body Mass Index): The candidate's BMI will display. For candidates less than 20 years of age at the time of listing, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

Percentiles are the most commonly used clinical indicator to assess the size and growth patterns of individual children in the United States. Percentiles rank the position of an individual by indicating what percent of the reference population the individual would equal or exceed (i.e. on the weight-for-age growth charts, a 5 year-old girl whose weight is at the 25th percentile, weighs the same or more than 25 percent of the reference population of 5-year-old girls, and weighs less than 75 percent of the 5-year-old girls in the reference population). For additional information about CDC growth charts, see http://www.cdc.gov/.

Note: Users who check the BMI percentiles against the CDC calculator may notice a discrepancy that is caused by the CDC calculator using 1 decimal place for height and weight and UNet using 4 decimal places for weight and 2 for height.

ABO Blood Group: The candidate's blood type will be displayed. If the blood type is incorrect, correction must be completed on the active waitlist. If the candidate has been removed from the active waitlist, you may select the candidate's correct blood type directly in the record.

> **A**
> **A1**
> **A1B**
> **A2**
> **A2B**
> **AB**
> **B**
> **O**
> **Z (In Utero Only)**

Primary Diagnosis: Select the primary diagnosis **for the disease requiring a transplant** at the time of listing for this candidate. If the candidate has had a previous transplant for the same organ type, use **Retransplant/Graft Failure** as the primary diagnosis for that organ. If an **Other** code is selected, use the blank provided to specify the **Other** diagnosis. This field is **required**. (Appendix O)

General Medical Factors:

Diabetes: If the candidate does not have diabetes at time of listing, select **No**. If the candidate has diabetes, select **Type I** or **Type II**. If the candidate has any type of drug-induced diabetes, select **Type Other**. If the candidate has diabetes but the type is unknown, select **Type Unknown**. A patient should *not* be considered as having diabetes based on gestational diabetes only. If this information is unknown, select **Diabetes Status Unknown**. This field is **required**.

> **No**
> **Type I** is defined as a disease in which the body does not produce any insulin, most often occurring in children and young adults. People with Type 1 diabetes must take daily insulin injections to stay alive. Type 1 diabetes accounts for 5 to 10 percent of diabetes.
> **Type II** is defined as a metabolic disorder resulting from the body's inability to make enough, or properly use, insulin. It is the most common form of the disease. Type 2 Diabetes accounts for 90 to 95 percent of diabetes.
> **Type Other**
> **Type Unknown**
> **Diabetes Status Unknown**

Patient on Insulin? – If the candidate is currently on insulin then answer **Yes.** If the candidate is not on insulin answer **No**. If unknown, select **UNK.** This field is **required**

If **Yes** is entered, complete the following fields:

If on insulin, enter the insulin date**:** Enter the date that the candidate began receiving insulin. This field is **required**

Total insulin dosage units: Enter the total insulin dosage (long term dosage + short term dosage). The dosage units must be entered in unit/kg/day. If the candidate's insulin dosage is unavailable, select the appropriate status from the **ST** field (**Missing**, **Unknown, N/A**, **Not Done**). This field is **required**

Insulin duration of use: Enter the total number of **days** that the candidate received insulin prior to listing. If the candidate's insulin duration is unavailable, select the appropriate status from the **ST** field (**Missing**, **Unknown, N/A**, **Not Done**). This field is **required**

Symptomatic Peripheral Vascular Disease: If the candidate is experiencing intermittent claudication, diminished peripheral pulses or other signs and symptoms of peripheral vascular disease at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required** for adults.

Drug Treated COPD: If the candidate is taking any medication to control signs and symptoms of COPD (Chronic Obstructive Pulmonary Disease) at the time of listing, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required** for adults.

Any previous Malignancy: If the candidate has history of any previous malignant cancer prior to the time of listing, select **Yes**. If the candidate has not had a history of any previous malignant cancer prior to the time of listing, select **No**. If **Yes** is selected, select the type(s) of malignancy. If **Other, specify** is selected, indicate the type of tumor in the space provided. This field is **required**.

> **Skin Melanoma**
> **Skin Non-Melanoma**
> **CNS Tumor**
> **Genitourinary**
> **Breast**
> **Thyroid**
> **Tongue/Throat/Larynx**
> **Lung**
> **Leukemia/Lymphoma**
> **Liver**
> **Other, specify**

Total Serum Albumin: Enter the total serum albumin value in g/dl. If the value is unavailable, select the appropriate status from the **ST** field (**Missing**, **Unknown, N/A**, **Not Done**). This field is **required**.

C-peptide Value: Enter the c-peptide value in ng/mL, range 0 - 15.00. If the value is unavailable, select the appropriate status from the **ST** field (**Missing**, **Unknown**, **N/A**, **Not Done**). For undetectable c-peptide values where the c-peptide value is reported as <X value, the threshold (i.e. X) is the acceptable value. For example, if c-peptide value is reported as <0.1 then the threshold is 0.1 and should be entered as "0.1" into the c-peptide value field. This field is **required**

Hba1c (%) – Enter the Hba1c percentage (0.0 – 99.9). If the value is unavailable, select the appropriate status from the **ST** field (**Missing**, **Unknown**, **N/A**, **Not Done**).

Pancreas Medical Factors

Age of Diabetes Onset: If diabetes is indicated in the **General Medical Factors**, enter the age of diabetes onset in years in the space provided. If the value is unavailable, select the appropriate status from the **ST field (Missing**, **Unknown, N/A**, **Not Done**). This field is **required**.