

Adult Kidney/Pancreas Transplant Candidate Registration Worksheet

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.

Provider Information		
Recipient Center: <input style="width: 100%;" type="text"/>		
Candidate Information		
Organ Registered:	Date of Listing or Add: <input style="width: 100%;" type="text"/>	
Last Name: * <input style="width: 150px;" type="text"/>	First Name: * <input style="width: 150px;" type="text"/>	MI: <input style="width: 100px;" type="text"/>
Previous Surname: <input style="width: 150px;" type="text"/>		
SSN: <input style="width: 150px;" type="text"/>	Birth sex: * <input type="radio"/> Male <input type="radio"/> Female	
HIC: <input style="width: 150px;" type="text"/>	DOB: * <input style="width: 100px;" type="text"/>	
State of Permanent Residence: * <input style="width: 150px;" type="text"/>		
Permanent ZIP Code: * <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>		
Ethnicity: * <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Ethnicity not reported		
Race: *		
<p>American Indian or Alaska Native</p> <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleutian <input type="checkbox"/> Alaska Indian <input type="checkbox"/> American Indian or Alaska Native: Other origin <input type="checkbox"/> American Indian or Alaska Native: Origin not reported <p>Black or African American</p> <input type="checkbox"/> African American <input type="checkbox"/> African (Continental) <input type="checkbox"/> West Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Black or African American: Other origin <input type="checkbox"/> Black or African American: Origin not reported <p>White</p> <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other origin <input type="checkbox"/> White: Origin not reported	<p>Asian</p> <input type="checkbox"/> Asian Indian/Indian Sub-Continent <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian: Other origin <input type="checkbox"/> Asian: Origin not reported <p>Native Hawaiian or Other Pacific Islander</p> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Origin not reported <p>Other</p> <input type="checkbox"/> Race not reported	
Citizenship: *	<input type="radio"/> US Citizen <input type="radio"/> Non-US Citizen/US Resident <input type="radio"/> Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant <input type="radio"/> Non-US Citizen/Non-US Resident, Traveled to US for Transplant	
Country of Permanent Residence: <input style="width: 150px;" type="text"/>		
Year of Entry to the U.S. <input style="width: 100px;" type="text"/>	ST= <input type="checkbox"/>	
Highest Education Level: *	<input type="radio"/> NONE <input type="radio"/> GRADE SCHOOL (0-8) <input type="radio"/> HIGH SCHOOL (9-12) or GED <input type="radio"/> ATTENDED COLLEGE/TECHNICAL SCHOOL <input type="radio"/> ASSOCIATE/BACHELOR DEGREE <input type="radio"/> POST-COLLEGE GRADUATE DEGREE <input type="radio"/> N/A (< 5 YRS OLD) <input type="radio"/> UNKNOWN	

Functional Status: *

Working for income: * YES NO UNK

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:

Clinical Information: AT LISTING

Height: * ft. in. cm **ST=**

Weight: * lbs kg **ST=**

BMI: kg/m²

ABO Blood Group:

Primary Kidney Diagnosis: *

Specify:

Primary Pancreas Diagnosis: *

Specify:

General Medical Factors:

Diabetes: * No
 Type I
 Type II
 Type Other
 Type Unknown
 Diabetes Status Unknown

Patient on Insulin? * YES NO UNK

Date Insulin Initiated: **ST=**

Average total insulin dosage per day: units/kg/day **ST=**

Insulin duration of use: days **ST=**

Symptomatic Peripheral Vascular Disease: * YES NO UNK

Any previous Malignancy: * YES NO

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

Specify:

Total Serum Albumin: * g/dl **ST=**

C-peptide Value: * ng/mL **ST=**

HbA1c: * % **ST=**

Exhausted Vascular Access: *

YES NO UNK

Exhausted Peritoneal Access: *

YES NO UNK

Age of Diabetes Onset:

yrs

ST=