Adult Kidney 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:							
Candidate Information							
Organ Registered:		Date of Lis	sting or Add:				
Last Name:*	First Name: *	MI:					
Previous Surname:							
SSN:		Birth sex:	*	○Male ○Female			
HIC:		ров:∗					
State of Permanent Residence: *							
Permanent ZIP Code: *	[-					
Ethnicity: *							
Race:*							
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□American Indian □Eskimo	□ _A	sian Indian/Indian Sub-Cont hinese	inent				
□Eskimo □Aleutian		lipino					
□Alaska Indian □American Indian or Alaska Native: Of		apanese orean					
∐American Indian or Alaska Native: Other origin ☐American Indian or Alaska Native: Origin not reported		ietnamese					
		□Asian: Other origin □Asian: Origin not reported					
Black or African American		ve Hawaiian or Other Pacific	Islander				
African American		□Native Hawaiian					
□African (Continental) □West Indian		Guamanian or Chamorro Samoan					
Haitian		ative Hawaiian or Other Pac					
Black or African American: Other origin Native Hawaiian or Other Pacific Islander: Origin not reported Black or African American: Origin not reported							
White	Oth	er					
European Descent		ace not reported					
☐Arab or Middle Eastern ☐North African (non-Black)							
White: Other origin							
White: Origin not reported							
Citizenship: *		OUS Citizen					
		Non-US Citizen/US Re	esident				
		Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant					
		Non-US Citizen/Non-US Transplant	Resident, Traveled to US	for			
Country of Permanent Residence	e: [
Year of Entry to the U.S.	[ST=			
Highest Education Level: *		ONONE					
		GRADE SCHOOL (0-8))				
OHIGH SCHOOL (9-12) or GED							
OATTENDED COLLEGE/TECHNICAL SCHOOL							
ASSOCIATE/BACHELOR DEGREE							
OPOST-COLLEGE GRADUATE DEGREE							
		N/A (< 5 YRS OLD)					
		OUNKNOWN					
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Previous Transplants: Dige Date Graft Fall Date The three most recent transplants are listed here. Please contact the United Help Desk to confirm more than three previous transplants by calling 800-978-4134 or by medicing individual following transplants by calling 800-978-4134 or by medicing individual following transplants by calling 800-978-4134 or by medicing following transplants by calling 800-978-4134 or by medicing following transplants by calling 800-978-4134 or by medicing following foll	Functional Status: *					
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