# Pediatric Kidney-Pancreas Transplant Recipient Registration Worksheet

**FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 07/31/2020**

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 those 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.

## Recipient Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>DOB</td>
<td></td>
</tr>
<tr>
<td>SSN</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>HIC</td>
<td></td>
</tr>
<tr>
<td>State of Permanent Residence:</td>
<td></td>
</tr>
<tr>
<td>Permanent Zip</td>
<td></td>
</tr>
</tbody>
</table>

## Provider Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient Center</td>
<td></td>
</tr>
<tr>
<td>Surgeon Name</td>
<td></td>
</tr>
<tr>
<td>NPI#</td>
<td></td>
</tr>
</tbody>
</table>

## Donor Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNOS Donor ID #</td>
<td></td>
</tr>
<tr>
<td>Recovering OPO</td>
<td></td>
</tr>
<tr>
<td>Donor Type</td>
<td></td>
</tr>
</tbody>
</table>

## Patient Status

<table>
<thead>
<tr>
<th>Field</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Primary Diagnosis:</td>
<td></td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
</tr>
<tr>
<td>Pancreas Primary Diagnosis:</td>
<td></td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
</tr>
<tr>
<td>Date: Last Seen, Retransplanted or Death</td>
<td></td>
</tr>
<tr>
<td>LIVING</td>
<td></td>
</tr>
<tr>
<td>DEAD</td>
<td></td>
</tr>
<tr>
<td>RETRANSPLANTED</td>
<td></td>
</tr>
<tr>
<td>Retransplanted organ:</td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td></td>
</tr>
<tr>
<td>Pancreas</td>
<td></td>
</tr>
<tr>
<td>Kidney/Pancreas</td>
<td></td>
</tr>
<tr>
<td>Primary Cause of Death:</td>
<td></td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
</tr>
<tr>
<td>Contributory Cause of Death:</td>
<td></td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
</tr>
<tr>
<td>Contributory Cause of Death:</td>
<td></td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
</tr>
<tr>
<td>Transplant Hospitalization:</td>
<td></td>
</tr>
<tr>
<td>Date of Admission to Tx Center:</td>
<td></td>
</tr>
<tr>
<td>Date of Discharge from Tx Center:</td>
<td></td>
</tr>
</tbody>
</table>

## Clinical Information: PRETRANSPLANT

<table>
<thead>
<tr>
<th>Field</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional Status:</td>
<td></td>
</tr>
<tr>
<td>Cognitive Development:</td>
<td></td>
</tr>
<tr>
<td>Motor Development:</td>
<td></td>
</tr>
<tr>
<td>Academic Progress:</td>
<td></td>
</tr>
</tbody>
</table>

- Definite Cognitive delay/impairment
- Probable Cognitive delay/impairment
- Questionable Cognitive delay/impairment
- No Cognitive delay/impairment
- Not Assessed

- Definite Motor delay/impairment
- Probable Motor delay/impairment
- Questionable Motor delay/impairment
- No Motor delay/impairment
- Not Assessed

- Within One Grade Level of Peers
### Kidney Source of Payment:

<table>
<thead>
<tr>
<th>Primary:</th>
<th>Specify:</th>
</tr>
</thead>
</table>

### Pancreas Source of Payment:

<table>
<thead>
<tr>
<th>Primary:</th>
<th>Specify:</th>
</tr>
</thead>
</table>

### Date of Measurement:

<table>
<thead>
<tr>
<th>Height:</th>
<th>Weight:</th>
<th>BMI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ft.</td>
<td>in.</td>
<td>cm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>kg</td>
<td>kg/m²</td>
</tr>
</tbody>
</table>

### Previous Transplants:

<table>
<thead>
<tr>
<th>Previous Transplant Organ</th>
<th>Previous Transplant Date</th>
<th>Previous Transplant Graft Fail Date</th>
</tr>
</thead>
</table>

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.

### Pretransplant Dialysis:

- **YES**
- **NO**
- **UNK**

<table>
<thead>
<tr>
<th>If Yes, Date of Most Recent Initiation of Chronic Maintenance Dialysis:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ST=</td>
</tr>
</tbody>
</table>

### Average Daily Insulin Units:

| | ST= |
| | |

### Serum Creatinine at Time of Tx:

| | mg/dl | ST= |
| | |

### Viral Detection:

- **Positive**
- **Negative**
- **Not Done**
- **UNK/Cannot Disclose**

#### HGV Serostatus

- **Positive**
- **Negative**
- **Not Done**
- **UNK/Cannot Disclose**

#### CMV Status

- **Positive**
- **Negative**
- **Not Done**
- **UNK/Cannot Disclose**

#### HBV Surface Antibody Total

- **Positive**
- **Negative**
- **Not Done**
- **UNK/Cannot Disclose**

#### HBV Core Antibody

- **Positive**
- **Negative**
- **Not Done**
- **UNK/Cannot Disclose**

#### HBV Surface Antigen

- **Positive**
- **Negative**
- **Not Done**
- **UNK/Cannot Disclose**

#### HCV Serostatus

- **Positive**
- **Negative**
EBV Serostatus: *
- Not Done
- UNK/Cannot Disclose
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

NAT Results:
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HIV NAT: *
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HBV NAT: *
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HCV NAT: *
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

Previous Pregnancies:
- YES
- NO
- NOT APPLICABLE: < 10 years old

Malignancies between listing and transplant: *
- YES
- NO

This question is NOT applicable for patients receiving living donor transplants who were never on the waiting list.

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

Specify:

Bone Disease:

Fracture in the past year (or since last follow-up): *
- YES
- NO
- UNK

Specify Location and number of fractures:
- Spine-compression fracture: # of fractures: 
- Extremity: # of fractures: 
- Other: # of fractures: 

AVN (avascular necrosis): *
- YES
- NO
- UNK

Clinical Information: TRANSPLANT PROCEDURE

Multiple Organ Recipient:

Were extra vessels used in the transplant procedure:

Procedure Type:

Surgical Information:

Graft Placement: *
- INTRA-PERITONEAL
- RETRO-PERITONEAL
- PARTIAL INTRA/RETRO-PERITONEAL
Operative Technique:*
- Simultaneous Kidney-Pancreas
- Cluster
- Multi-Organ Non-Cluster
- ENTERIC W/ROUX-EN-Y
- ENTERIC W/O ROUX-EN-Y
- CYSTOSTOMY
- DUCT INJECTION IMMEDIATE
- DUCT INJECTION DELAYED
- OTHER SPECIFY

Specify:
- SYSTEMIC SYSTEM (ILIAC/CAVA)
- PORTAL SYSTEM (PORTAL OR TRIBUTARIES)
- NA/Multi-organ cluster
- CELIAC WITH PANCREAS
- Y-GRAFT TO SPA & SMA
- SPA TO SMA DIRECT
- SPA TO SMA WITH INTERPOSITION
- SPA ALONE
- OTHER SPECIFY

Venous Vascular Management: *
- SYSTEMIC SYSTEM (ILIAC/CAVA)
- PORTAL SYSTEM (PORTAL OR TRIBUTARIES)
- NA/Multi-organ cluster
- CELIAC WITH PANCREAS
- Y-GRAFT TO SPA & SMA
- SPA TO SMA DIRECT
- SPA TO SMA WITH INTERPOSITION
- SPA ALONE
- OTHER SPECIFY

Arterial Reconstruction: *
- CILIAC WITH PANCREAS
- Y-GRAFT TO SPA & SMA
- SPA TO SMA DIRECT
- SPA TO SMA WITH INTERPOSITION
- SPA ALONE
- OTHER SPECIFY

Specify:

Venous Extension Graft: *
- YES
- NO

Kidney and Pancreas Preservation Information:

Total Cold ischemia Time Right KI (OR EN-BLOC): (if pumped, include pump time): [ ] hrs ST=

Total Cold Ischemia Time Left KI (If pumped, include pump time): [ ] hrs ST=

Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time): [ ] hrs ST=

Kidney(s) received on: *
- Ice
- Pump
- N/A

Received on ice:
- Stayed on ice
- Put on ice

Received on pump:
- Stayed on pump
- Put on ice

If put on pump or stayed on pump:
- Right Kidney Final resistance at transplant: [ ] ST=
- Right Kidney Final flow rate at transplant: [ ] ST=
- Left Kidney Final resistance at transplant: [ ] ST=
- Left Kidney Final flow rate at transplant: [ ] ST=

Clinical Information: POST TRANSPLANT

Kidney 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.

Resumed Maintenance Dialysis: *
- YES
- NO

Date Maintenance Dialysis Resumed: [ ]

Kidney Date of Graft Failure: [ ]

Kidney Primary Cause of Graft Failure:
- HYPERACUTE REJECTION
- ACUTE REJECTION
- PRIMARY NON-FUNCTION (GRAFT NEVER FUNCTIONED POST-TRANSPLANT)
- GRAFT THROMBOSIS
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| Did patient have any acute kidney rejection episodes between transplant and discharge? | - Yes, at least one episode treated with anti-rejection agent  
- Yes, none treated with additional anti-rejection agent  
- No |
| Is growth hormone therapy used between listing and transplant?         | - YES  
- NO  
- UNK |
| Most Recent Serum Creatinine Prior to Discharge:                        | mg/dl  
ST= |
| Patient Need Dialysis within First Week:                                | - YES  
- NO |
| Pancreas Graft Status:                                                  | - Functioning  
- Failed |
| Date of medications resumed:                                           | ST= |
| Patient using any method of blood sugar control:                       | - YES  
- NO  
- UNK |
| Patient on oral medication to control blood sugar?                     | - YES  
- NO  
- UNK |
| Date insulin resumed:                                                  | ST= |
| Patient using diet to control blood sugar:                             | - YES  
- NO  
- UNK |
| Patient on insulin?                                                     | - YES  
- NO  
- UNK |
| Date insulin resumed:                                                  | ST= |
| Total insulin dosage units:                                             | ST= |
| Insulin duration of use:                                               | days  
ST= |
| C-peptide value:                                                       | ng/mL  
ST= |
| HbA1c:                                                                 | %  
ST= |
| Pancreas Date of Graft Failure:                                         | |
| Pancreas Primary Cause of Graft Failure:                                | |
| Pancreas Primary Cause of Graft Failure/Specify:                       | |
| Contributory causes of graft failure:                                  | - YES  
- NO  
- UNK |
| Pancreas Graft/Vascular Thrombosis:                                    | |
| Pancreatitis:                                                          | - YES  
- NO  
- UNK |
| Anatomic Leak:                                                         | - YES  
- NO  
- UNK |
| Hyperacute Rejection:                                                  | - YES  
- NO  
- UNK |
| Pancreas Acute Rejection:                                              | - YES  
- NO  
- UNK |
| Biopsy Proven Isletitis:                                               | - YES  
- NO  
- UNK |
| Pancreatitis:                                                          | - YES  
- NO  
- UNK |
| Other, Specify:                                                        | |
| Did patient have any acute pancreas rejection episodes between transplant and discharge? | - Yes, at least one episode treated with anti-rejection agent  
- Yes, none treated with additional anti-rejection agent  
- No |
| Pancreas Transplant Complications: (Not leading to graft failure.)      | - YES  
- NO  
- UNK |
| Pancreatitis:                                                          | - YES  
- NO  
- UNK |
| Anastomotic Leak:                                                      | - YES  
- NO  
- UNK |
| Abscess or Local Infection:                                            | - YES  
- NO  
- UNK |
| Other:                                                                 | |
### Weight Post Transplant

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

### Immunosuppressive Information

**Are any medications given currently for maintenance or anti-rejection:**

- [ ] YES  
- [ ] NO  

### Immunosuppressive Medications

**View Immunosuppressive Medications**