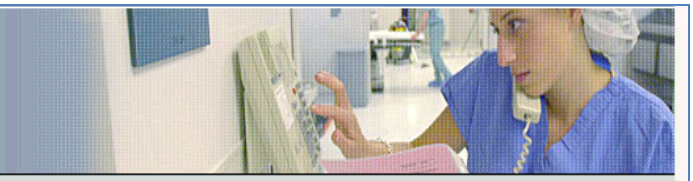

UNet – TIEDI®

Manage Data ▸ Living Donors ▸ Reports ▸ Help ▸

Records

Liver Recipient Explant Pathology Form

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 10/31/2010

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.

Related Links

Return to blank worksheets ▸

Print

Provider Information

TX Center:

Recipient Information

Recipient Name: DOB:

Transplant Date: Gender:

SSN: UNOS ID #

Clinical Information

Was evidence of HCC (viabla or non-viable tumor) found in the explant?: *

Pre-transplant treatment for HCC? *

Number of Tumors: *

Satellite Lesions? *

Tumor #1: *	Size:		cm	Location:		Tumor Necrosis:	
Tumor #2: *	Size:		cm	Location:		Tumor Necrosis:	
Tumor #3: *	Size:		cm	Location:		Tumor Necrosis:	
Tumor #4: *	Size:		cm	Location:		Tumor Necrosis:	
Tumor #5: *	Size:		cm	Location:		Tumor Necrosis:	

Worst Tumor Differentiation: * No

Vascular Invasion: * No

Lymph Node Involvement: * No

Other Extrahepatic Spread: * No

Validate