



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.

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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: <input type="text"/> cm	Location: <input type="text"/>	Tumor Necrosis: <input type="text"/>
Tumor #2: *	Size: <input type="text"/> cm	Location: <input type="text"/>	Tumor Necrosis: <input type="text"/>
Tumor #3: *	Size: <input type="text"/> cm	Location: <input type="text"/>	Tumor Necrosis: <input type="text"/>
Tumor #4: *	Size: <input type="text"/> cm	Location: <input type="text"/>	Tumor Necrosis: <input type="text"/>
Tumor #5: *	Size: <input type="text"/> cm	Location: <input type="text"/>	Tumor Necrosis: <input type="text"/>

Worst Tumor Differentiation: *

Vascular Invasion: *

Lymph Node Involvement: *

Other Extrahepatic Spread: *

Validate