TCR - Liver - Adult
Fields to be completed by meml

Form Section	Field Label
1-Provider Information	Transplant Center Code
1-Provider Information	Transplant Center Type://Recipient Center
2-Candidate Information	Organ Registered:
2-Candidate Information	Date of Listing or Add:
2-Candidate Information	Last Name:
2-Candidate Information	First Name:
2-Candidate Information	Middle Initial://MI:
2-Candidate Information	Previous Surname:
2-Candidate Information	SSN:
2-Candidate Information	Gender:
2-Candidate Information	HIC:
2-Candidate Information	Date of Birth://DOB:
2-Candidate Information	State of Permanent Residence:
2-Candidate Information	Permanent ZIP Code:
2-Candidate Information	Ethnicity/Race:
2-Candidate Information	Citizenship:
2-Candidate Information	Year of Entry to the U.S.
2-Candidate Information	Year of Entry to the U.S Status//ST=
2-Candidate Information	Country of Permanent Residence
2-Candidate Information	Highest Education Level:
3-Patient Status	Patient on Life Support:
3-Patient Status	Life Support://Ventilator
3-Patient Status	Life Support://Artifical Liver
3-Patient Status	Life Support://Other Mechanism, Specify
3-Patient Status	Life Support:Other Mechanism//Specify:
3-Patient Status	Functional Status:
3-Patient Status	Working for income:
3-Patient Status	Previous Transplant//Organ
3-Patient Status	Previous Transplant//Date
3-Patient Status	Previous Transplant//Graft Fail Date
3-Patient Status	Previous Pancreas Islet Infusion:
4-Source of Payment	Source of Payment//Primary:
4-Source of Payment	Foreign Government//Specify:
5-Clinical Information	Height in cm://Height:
5-Clinical Information	Height Status//ST=
5-Clinical Information	Height Growth percentiles//%ile
5-Clinical Information	Weight in kg://Weight:

5-Clinical Information	Weight Status//ST=
5-Clinical Information	Weight Growth percentiles//%ile
5-Clinical Information	BMI:
5-Clinical Information	BMI://%ile
5-Clinical Information	ABO Blood Group:
5-Clinical Information	Primary Diagnosis:
5-Clinical Information	Primary Diagnosis//Specify:
5-Clinical Information	Secondary Diagnosis:
5-Clinical Information	Secondary Diagnosis//Specify:
6-General Medical Factors	Diabetes:
6-General Medical Factors	Any previous Malignancy:
6-General Medical Factors	Any previous Malignancy//Specify Type:
6-General Medical Factors	Cholagiocarcinoma//Neoadjuvant Therapy
6-General Medical Factors	Any previous Malignancy//Specify:
5-Clinical Information	Has the candidate ever had a diagnosis of HCC?
7-Liver Medical Factors	Previous Upper Abdominal Surgery:
7-Liver Medical Factors	Spontaneous Bacterial Peritonitis:
7-Liver Medical Factors	History of Portal Vein Thrombosis:
7-Liver Medical Factors	History of TIPSS:

Public Burden Statement

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Notes	Form Section
Display Only - Cascades from Waitlist	1-Provider Information
Display Only - Cascades from Waitlist	1-Provider Information
Display Only - Cascades from Waitlist	2-Candidate Information
Display Only - Cascades from Waitlist	2-Candidate Information
Cascades from Waitlist	2-Candidate Information
Cascades from Waitlist	2-Candidate Information
Not required	2-Candidate Information
Not required	2-Candidate Information
Display Only - Cascades from Waitlist	2-Candidate Information
Cascades from Waitlist	2-Candidate Information
Not required	2-Candidate Information
Cascades from Waitlist	2-Candidate Information
Cascades from Waitlist	2-Candidate Information
Cascades from Waitlist	2-Candidate Information
Cascades from Waitlist	2-Candidate Information
	2-Candidate Information
	2-Candidate Information
	2-Candidate Information
	2-Candidate Information
	2-Candidate Information
	3-Patient Status
	3-Patient Status
	3-Patient Status
	3-Patient Status
	3-Patient Status
	3-Patient Status
	3-Patient Status
Display Only - Cascades from Database	3-Patient Status
Display Only - Cascades from Database	3-Patient Status
Display Only - Cascades from Database	3-Patient Status
	3-Patient Status
	3-Patient Status
	3-Patient Status
	4-Source of Payment
Value or status is reported, not both	4-Source of Payment
Calculated for display only	5-Clinical Information
	5-Clinical Information

Value or status is reported, not both	5-Clinical Information
Calculated for display only	5-Clinical Information
Display Only - Cascades from Database	5-Clinical Information
Calculated for display only	5-Clinical Information
Display Only - Cascades from Waitlist	5-Clinical Information
	5-Clinical Information
	5-Clinical Information
Not required	5-Clinical Information
	5-Clinical Information
	5-Clinical Information
	5-Clinical Information
	5-Clinical Information
	6-General Medical Factors
	6-General Medical Factors
	6-General Medical Factors
	6-General Medical Factors
	6-General Medical Factors
	6-General Medical Factors
	7-Liver Medical Factors
	7-Liver Medical Factors
	7-Liver Medical Factors
	7-Liver Medical Factors

TCR - Liver - Pediatric
Fields to be completed by members

Field Label	Notes
Transplant Center Code	Display Only - Cascades from Waitlist
Transplant Center Type://Recipient Center	Display Only - Cascades from Waitlist
Organ Registered:	Display Only - Cascades from Waitlist
Date of Listing or Add:	Display Only - Cascades from Waitlist
Last Name:	Cascades from Waitlist
First Name:	Cascades from Waitlist
Middle Initial://MI:	Not required
Previous Surname:	Not required
SSN:	Display Only - Cascades from Waitlist
Gender:	Cascades from Waitlist
HIC:	Not required
Date of Birth://DOB:	Cascades from Waitlist
State of Permanent Residence:	Cascades from Waitlist
Permanent ZIP Code:	Cascades from Waitlist
Ethnicity/Race:	Cascades from Waitlist
Citizenship:	
Year of Entry to the U.S.	
Year of Entry to the U.S Status//ST=	
Country of Permanent Residence	
Highest Education Level:	
Patient on Life Support:	
Life Support://Ventilator	
Life Support://Artifical Liver	
Life Support://Other Mechanism, Specify	
Life Support:Other Mechanism//Specify:	
Functional Status:	
Cognitive Development:	
Motor Development:	
Academic Progress:	
Academic Activity Level:	
Previous Transplant//Organ	Display Only - Cascades from Database
Previous Transplant//Date	Display Only - Cascades from Database
Previous Transplant//Graft Fail Date	Display Only - Cascades from Database
Source of Payment//Primary:	
Foreign Government//Specify:	
Date of Measurement:	
Height in cm://Height:	

Height Status//ST=	Value or status is reported, not both
Height Growth percentiles//%ile	Calculated for display only
Weight in kg://Weight:	
Weight Status//ST=	Value or status is reported, not both
Weight Growth percentiles//%ile	Calculated for display only
BMI:	Display Only - Cascades from Database
BMI://%ile	Calculated for display only
ABO Blood Group:	Display Only - Cascades from Waitlist
Primary Diagnosis:	
Primary Diagnosis//Specify:	
Secondary Diagnosis:	Not required
Secondary Diagnosis//Specify:	
Diabetes:	
Any previous Malignancy:	
Any previous Malignancy//Specify Type:	
Cholagiocarcinoma//Neoadjuvant Therapy	
Any previous Malignancy//Specify:	
Has the candidate ever had a diagnosis of HCC?	
Previous Upper Abdominal Surgery:	
Spontaneous Bacterial Peritonitis:	
History of Portal Vein Thrombosis:	
History of TIPSS:	

Public Burden Statement