



## Liver Recipient Explant Pathology Form

### Fields to be completed by members

Field Label	Notes
Transplant Center Code//Recipient Center	Display Only - Cascades from TCR
Transplant Center Type//Recipient Center	Display Only - Cascades from TCR
Transplant Center	Display Only - Cascades from Database
Recipient First Name//Name:	Display Only - Cascades from TCR
Recipient Last Name//Name:	Display Only - Cascades from TCR
Recipient Middle Initial//Name:	Display Only - Cascades from TCR
Tx Date	Display Only - Cascades from Database
Recipient SSN//SSN:	Display Only - Cascades from TCR
DOB	Display Only - Cascades from Database
Gender	Display Only - Cascades from TCR
Was evidence of HCC (viable or non-viable tumor) found in the explant?	
Number of Tumors	
Tumor #1//Size	
Tumor #1//Location	
Tumor #1//Tumor Necrosis	
Tumor #2//Size	
Tumor #2//Location	
Tumor #2//Tumor Necrosis	
Tumor #3//Size	
Tumor #3//Location	
Tumor #3//Tumor Necrosis	
Tumor #4//Size	
Tumor #4//Location	
Tumor #4//Tumor Necrosis	
Tumor #5//Size	
Tumor #5//Location	
Tumor #5//Tumor Necrosis	
Worst Tumor Differentiation	
Vascular Invasion	
Lymph Node Involvement	
Other Extrahepatic Spread	
Satellite Lesions	
Pre-transplant treatment for HCC?	

### Public Burden Statement