

Liver Recipient Explant Pathology Form
Fields to be completed by members

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

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