

Liver Recipient Explant Pathology Form
Fields to be completed by members

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

OMB No. 0915-0157 Expiration Date: XX/XX/20XX

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