

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	Did recipient receive any pre-transplant liver-directed therapy for HCC?	

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

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0157 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 0.27 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.