

**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

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