## Adult Liver Status 1A Initial Justification and Extensi Fields to be completed by members

Form Section	Field Label
Adult Liver Status	Status
Adult Liver Status	Surgeon/Physician NPI
Adult Liver Status	Surgeon/Physician Name
Adult Liver Status	Liver Status 1A Listing Date
Adult Liver Status	Initial Listing/Extension Form Effective Date
Adult Liver Status	Patient Name
Adult Liver Status	Patient SSN
Adult Liver Status	Waitlist ID
Adult Liver Status	Patient's Date of Birth
Adult Liver Status	Transplant Center
Adult Liver Status	Hospital Telephone Number
Status 1A Criteria	Does the candidate have a life expectancy of less than 7 days?
Status 1A Criteria	Fulminant liver failure
Status 1A Criteria	Anhepatic
Status 1A Criteria	Clinical Narrative
Status 1A Criteria	Primary non-function of a transplanted liver?
Status 1A Criteria	Within how many days of transplantation
Status 1A Criteria	Transplant Date
Status 1A Criteria	Draw Date
Status 1A Criteria	AST value
Status 1A Criteria	Arterial pH value
Status 1A Criteria	Venous pH value
Status 1A Criteria	Lactate value
Status 1A Criteria	Segmental / Whole Graft
Status 1A Criteria	Hepatic artery thrombosis (HAT) in a transplanted liver?
Status 1A Criteria	Within how many days of transplantation
Status 1A Criteria	Transplant Date
Status 1A Criteria	Draw Date
Status 1A Criteria	AST value
Status 1A Criteria	Arterial pH value
Status 1A Criteria	Venous pH value
Status 1A Criteria	Lactate value
Status 1A Criteria	Acute decompensated Wilson's disease?
Status 1A Criteria	Clinical Narrative

Status 1A Criteria	Diagnosis
Special Case	Special case
Special Case	To qualify for Status 1A/1B, provide a current/updated clinical narrative below to support the candidate's eligibility at this status
MELD/PELD Data Collection	Serum Creatinine
MELD/PELD Data Collection	Test Date
MELD/PELD Data Collection	Had dialysis twice, or 24 hours of CVVHD, within a week prior to the serum creatinine test?
MELD/PELD Data Collection	Serum Sodium
MELD/PELD Data Collection	Test Date
MELD/PELD Data Collection	Encephalopathy
MELD/PELD Data Collection	Encephalopathy - Value
MELD/PELD Data Collection	Ascites
MELD/PELD Data Collection	Ascites - Value
MELD/PELD Data Collection	Bilirubin
MELD/PELD Data Collection	Bilirubin - Value
MELD/PELD Data Collection	Albumin
MELD/PELD Data Collection	Albumin - Value
MELD/PELD Data Collection	INR
MELD/PELD Data Collection	INR - Value

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

## **PUBLIC BURDEN STATEMENT:**

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this informa functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not requuless it displays a currently valid OMB control number. The OMB control number for this information XX/XX/202X. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit Contractor's security features. The Contractor's security system meets or exceeds the requirements a Security of Federal Automated Information Systems, and the Departments Automated Information Syreporting burden for this collection of information is estimated to average 0.27 hours per response, ir searching existing data sources, and completing and reviewing the collection of information. Send cor other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

## ion Form

Notes

Date	
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ition in order to perform the following OPTN; and to monitor compliance of member uired to respond to, a collection of information in collection is 0915-0157 and it is valid until i)(2). All data collected will be subject to Privacy OPTN also are well protected by a number of the is prescribed by OMB Circular A-130, Appendix III, is stems Security Program Handbook. The public including the time for reviewing instructions, in ments regarding this burden estimate or any Information Collection Clearance Officer, 5600