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Form Section
Pediatric Liver Status
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Status 1A Criteria
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Special Case
Special Case
MELD/PELD Data Collection
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Liver Status 1A Initial Justification and Extension Form**Fields to be completed by members**

Field Label	Notes
Status	
Surgeon/Physician NPI	
Surgeon/Physician Name	
Liver Status 1A Listing Date	
Initial Listing/Extension Form Effective Date	
Patient Name	
Patient SSN	
Waitlist ID	
Patient's Date of Birth	
Transplant Center	
Hospital Telephone Number	
Height (ft)	
Height (in)	
Height (cm)	
Date	
Weight (lbs)	
Weight (kg)	
Fulminant liver failure	
Primary non-function of a transplanted liver?	
Within how many days of transplantation	
Transplant Date	
Draw Date	
ALT value	
Arterial pH value	
Venous pH value	
Lactate value	
Hepatic artery thrombosis (HAT) in a transplanted liver	
Within how many days of transplantation	
Acute decompensated Wilson's disease	
Clinical Narrative	
Diagnosis	
Special case	
To qualify for Status 1A/1B, provide a current/updated clinical narrative below to support the candidate's eligibility at this status	
Serum Creatinine	
Test Date	

Had dialysis twice, or 24 hours of CVVHD, within a week prior to the serum creatinine test?	
Serum Sodium	
Test Date	
Encephalopathy	Date
Encephalopathy - Value	
Ascites	Date
Ascites - Value	
Bilirubin	Date
Bilirubin - Value	
Albumin	Date
Albumin - Value	
INR	Date
INR - Value	

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