## Pediatric Liver Status 1B Initial Justification and Exter Fields to be completed by members

Form Section	Field Label			
Pediatric Liver Status	Status			
Pediatric Liver Status	Surgeon/Physician NPI			
Pediatric Liver Status	Surgeon/Physician Name			
Pediatric Liver Status	Liver Status 1B Listing Date			
Pediatric Liver Status	Initial Listing/Extension Form Effective Date			
Pediatric Liver Status	Patient Name			
Pediatric Liver Status	Patient SSN			
Pediatric Liver Status	Waitlist ID			
Pediatric Liver Status	Patient's Date of Birth			
Pediatric Liver Status	Transplant Center			
Pediatric Liver Status	Hospital Telephone Number			
Pediatric Liver Status	Height (ft)			
Pediatric Liver Status	Height (in)			
Pediatric Liver Status	Height (cm)			
Pediatric Liver Status	Date			
Pediatric Liver Status	Weight (lbs)			
Pediatric Liver Status	Weight (kg)			
Status 1B Criteria	Chronic liver disease			
Status 1B Criteria	Gastrointestinal bleeding requiring red blood cell replacement - Indicate amount			
Status 1B Criteria	Gastrointestinal bleeding requiring red blood cell replacement - Date			
Status 1B Criteria	Non-Metastatic Hepatoblastoma suitable for liver transplantation?			
Status 1B Criteria	Biopsy			
Status 1B Criteria	Date			
Status 1B Criteria	Metabolic disease?			
Status 1B Criteria	Other - Specify			
Status 1B Criteria	Please specify type			
Status 1B Criteria	Diagnosis			
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/DELD Data Callection	Serum Sodium			
MELD/PELD Data Collection	Serum Sourum			

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 requirements 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 in 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 Sy reporting 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.

## ısion Form

Notes	

Date			
Date			
Date			
Date			
Date			

ition in order to perform the following OPTN ; and to monitor compliance of member uired to respond to, a collection of information n 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, /stems Security Program Handbook. The public ncluding the time for reviewing instructions, mments regarding this burden estimate or any Information Collection Clearance Officer, 5600