

**Pediatric Liver Status 1B Initial Justification and Extension  
Fields to be completed by members**

| <b>Form Section</b>       | <b>Field Label</b>  |
|---------------------------|---|
| 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/PELD Data Collection | Serum Sodium  |
| MELD/PELD Data Collection | Test Date   |



## Revision Form

[illegible]

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|------|
| Date |
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| Date |
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| Date |
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| Date |
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| Date |
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tion 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 o)(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, /systems Security Program Handbook. The public ncluding the time for reviewing instructions, nments regarding this burden estimate or any Information Collection Clearance Officer, 5600