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/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 requ
unless 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 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

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