Liver Cholangiocarcinoma (CCA) Initial MELD/PELD Score Fields to be completed by members

Form Section	Field Label
Diagnosis	Transplant Center
Diagnosis	Name
Diagnosis	Date of birth
Diagnosis	Waitlist ID
Diagnosis	SSN
Diagnosis	ABO
Diagnosis	Diagnosis
Diagnosis	Candidate MELD/PELD data
Details	Cholangiocarcinoma (CCA)
Details	Does the candidate meet the diagnostic criteria for hilar CCA with a malignant appearing stricture on cholangiography?
Details	Select all that apply - Malignant appearing stricture on cholangiography
Details	Imaging studies performed - CT
Details	Imaging studies performed - MRI
Details	Number of tumors
Details	Tumor Size
Details	Is the tumor unresectable due to technical considerations or underlying liver disease?
Details	Have intrahepatic and extrahepatic metastases been excluded by cross-sectional imaging studies?
Details	Select all that apply
Details	Was a transperitoneal aspiration or biopsy of the primary tumor performed?
Results	Review results
Score	Policy score for candidates meeting standard criteria
Score	Please request an exception score
Score	Justification narrative
Confirm	Transplant physician name
Confirm	Transplant physician NPI
Confirm	Email decision to

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.

Exception Form

	Notes
Display Only	110105
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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 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