

**Liver Hepatocellular Carcinoma (HCC) 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	Hepatocellular carcinoma (HCC)
Details	Number of Tumors
Details	Size
Details	Imaging study
Details	Imaging study date
Details	Select all that apply
Details	Biopsy confirming HCCA
Details	Surgical Resection
Details	Chemical ablation
Details	Chemoembolization
Details	External beam radiation
Details	Histotripsy
Details	Radiation microspheres
Details	Thermal ablation
Details	Other
Details	Alpha-fetoprotein (AFP)
Details	Alpha-fetoprotein (AFP) - Date
Details	Is the candidate eligible for resection?
Details	Does your assessment rule out macrovascular involvement (i.e Tumor in vein -portal or hepatic veins)?R
Details	Does your assessment rule out an extrahepatic spread?
Details	CT of chest
Details	MRI of chest
Details	Is the most recent tumor evaluation reported above the original/presenting tumor evaluation?
Details	Are the original tumor quantity, size, and imaging available?

Details	Date of original imaging
Details	Number of original tumors
Details	Tumor
Details	Alpha-fetoprotein (AFP)
Details	Alpha-fetoprotein (AFP) - Date
Details	Reason unavailable
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 information for the following 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 required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0157. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b) (b) Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN is protected by the Contractor's security features. The Contractor's security system meets or exceeds the requirements of a Security of Federal Automated Information Systems, and the Department's Automated Information System. The reporting burden for this collection of information is estimated to average 0.27 hours per response, including reviewing existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or 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.

ore Exception Form

Notes
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Biopsy date
Surgical resection date
Date
Date
Date
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Size
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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
a 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
is prescribed by OMB Circular A-130, Appendix III,
ystems Security Program Handbook. The public
including the time for reviewing instructions,
nments regarding this burden estimate or any
Information Collection Clearance Officer, 5600