Liver Hepatocellular Carcinoma (HCC) Initial MELD/PELD Sc
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 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.

ore Exception Form

Notes
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Biopsy date
Surgical resection date
Date
Date
Date
Date
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Size
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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