

**Liver Hepatopulmonary Syndrome (HPS) 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	Hepatopulmonary syndrome (HPS)
Details	Does the candidate exhibit evidence of ascites, varices, splenomegaly or thrombocytopenia?
Details	Select all that apply
Details	Was evidence of a shunt shown by contrast echo or lung scan?
Details	Contrast echocardiogram
Details	Lung scan
Details	Does the candidate have clinically significant underlying primary pulmonary disease?
Details	PaO2 on room air
Details	PaO2 on room air - Date
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) (Act protection (Privacy Act System of Records #09-15-0055)). Data collected by the private non-profit OPTN is used for the following purposes:

Act protection (Privacy Act System of Records #07-15-0055). 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, in 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.

core Exception Form

Notes
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tion in order to perform the following OPTN
; and to monitor compliance of member
quired to respond to, a collection of information
n 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

