

Liver Recipient Explant Pathology Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2023

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI® application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI® application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

Provider Information					
Recipient Center:					
Recipient Information					
Name:		DOB:			
Tx Date:		Gender:			
SSN:					
Clinical Information					
Was evidence of HCC (viable or non-viable tumor) found in the explant?:* <input type="radio"/> YES <input type="radio"/> NO					
Number of Tumors: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> >5 <input type="radio"/> Infiltrative					
Tumor #1:	Size: <input style="width: 50px;" type="text"/> cm	Location:	<input type="radio"/> Right Lobe <input type="radio"/> Left Lobe	Tumor Necrosis:	<input type="radio"/> None <input type="radio"/> Incomplete <input type="radio"/> Complete
Tumor #2:	Size: <input style="width: 50px;" type="text"/> cm	Location:	<input type="radio"/> Right Lobe <input type="radio"/> Left Lobe	Tumor Necrosis:	<input type="radio"/> None <input type="radio"/> Incomplete <input type="radio"/> Complete
Tumor #3:	Size: <input style="width: 50px;" type="text"/> cm	Location:	<input type="radio"/> Right Lobe <input type="radio"/> Left Lobe	Tumor Necrosis:	<input type="radio"/> None <input type="radio"/> Incomplete <input type="radio"/> Complete
Tumor #4:	Size: <input style="width: 50px;" type="text"/> cm	Location:	<input type="radio"/> Right Lobe <input type="radio"/> Left Lobe	Tumor Necrosis:	<input type="radio"/> None <input type="radio"/> Incomplete <input type="radio"/> Complete
Tumor #5:	Size: <input style="width: 50px;" type="text"/> cm	Location:	<input type="radio"/> Right Lobe <input type="radio"/> Left Lobe	Tumor Necrosis:	<input type="radio"/> None <input type="radio"/> Incomplete <input type="radio"/> Complete
Worst Tumor Differentiation: <input type="radio"/> Well <input type="radio"/> Moderate <input type="radio"/> Poor <input type="radio"/> Complete Tumor Necrosis					
Vascular Invasion: <input type="radio"/> None <input type="radio"/> Microvascular <input type="radio"/> Macrovascular					
Lymph Node Involvement: <input type="radio"/> YES <input type="radio"/> NO					
Other Extrahepatic Spread: <input type="radio"/> YES <input type="radio"/> NO					
Satellite Lesions: <input type="radio"/> YES <input type="radio"/> NO					
Pre-transplant treatment for HCC?:* <input type="radio"/> YES <input type="radio"/> NO					

