

**Table 7C: Optional Summary Report Template (use one form per patient with at least one OPTN Class 5 liver lesion)**

**Summary Report**

Patient Name:

Patient institutional record #:

Date:

This exam is the ...      Initial exam (  ) Follow-up exam (  )

**Findings**

Total number of OPTN class 5 lesions (HCC): \_\_\_\_\_

	Nodule OPTN Class [5A-D]	Nodule size [cm]
1		
2		
3		
4		

Milan criteria met?      (  ) yes      (  ) no

[1 lesion\_2- 5cm diameter; 2 or 3 lesions 1- 3 cm diameter each, no vascular invasion, no evidence for extrahepatic spread of HCC]

Patient eligible for automatic priority MELD point allocation:                      (  ) yes      (  ) no

