

Records ?

Liver Recipient Explant Pathology Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 07/31/2020

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:

SSN:

Gender:

Clinical Information

Was evidence of HCC (viable or non-viable tumor) found in the explant?:*

YES NO

Number of Tumors:

- 1
- 2
- 3
- 4
- 5
- >5
- Infiltrative

Tumor #1:

Size: cm

Location:

- Right Lobe
- Left Lobe

Tumor Necrosis:

- None
- Incomplete
- Complete

Tumor #2:

Size: cm

Location:

- Right Lobe
- Left Lobe

Tumor Necrosis:

- None
- Incomplete
- Complete

Tumor #3:

Size: cm

Location:

- Right Lobe
- Left Lobe

Tumor Necrosis:

- None
- Incomplete
- Complete

Tumor #4:

Size: cm

Location:

- Right Lobe
- Left Lobe

Tumor Necrosis:

- None
- Incomplete
- Complete

Tumor #5:

Size: cm

Location:

- Right Lobe
- Left Lobe

Tumor Necrosis:

- None
- Incomplete
- Complete

Worst Tumor Differentiation:

- Well
- Moderate
- Poor
- Complete Tumor Necrosis

Vascular Invasion:

- None
- Microvascular
- Macrovascular

Lymph Node Involvement:

YES NO

Other Extrahepatic Spread:

YES NO

Satellite Lesions:

YES NO

Pre-transplant treatment for HCC?:*

YES NO

