

## Liver Recipient Explant Pathology Worksheet

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.

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

