**Liver Candidate Summary**

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| --- | --- | --- | --- | --- | --- |
| Kidney | [ ]  | Pancreas | [ ]  | Other: |       |

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| **OSOTC Patient Number:** |       |

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| **PATIENT DEMOGRAPHICS** |
| **Initials:**       | **Birth Date:**       | **Height:**       |  **Weight:**       |  |
| **Gender:** M [ ]  F [ ]  | **ABO:** A [ ]  B [ ]  AB [ ]  O [ ]  | **Race:**       | **Transplant#:**       |  |

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| **PATIENT STATUS** |
| **MEDICAL DIAGNOSIS:**       | **MELD/PELD/Status:**       |
| **MEDICAL HISTORY** (Please indicate nutritional status, infection, ascites, variceal hemorrhage, encephalopathy, etc.):      |

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| **PATIENT SYMPTOMS** |
| **Fatigue:** Yes [ ]  No [ ]  | **Ascites:** Yes [ ]  No [ ]  | **Hematemesis:** Yes [ ]  No [ ]  |
| **Cardiac Issues:** Yes [ ]  No [ ]  | **Pulmonary Issues:** Yes [ ]  No [ ]  | **Dialysis:** Yes [ ]  No [ ]  |

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| **HCV** |
| **HCV:** Yes [ ]  No [ ]  |  **PCR:**       | **Genotype:**       | **Treatment:** Yes [ ]  No [ ]  |

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| **HCC** |
| **HCC:** Yes [ ]  No [ ]  | **Size of largest lesion:**       | **No. of Lesions:**       | **Total Size:**       |
| **Is this a resection candidate?** Yes [ ]  No [ ]  If not, why not?       |
| **Diagnosis confirmed by: Biopsy:** Yes [ ]  No [ ]  If not, why not?       |
| **alphafetaprotein (please enter value):**       NG/ml |
| **CT:** Yes [ ]  No [ ]  | **MRI:** Yes [ ]  No [ ]  | **Ultrasound:** Yes [ ]  No [ ]  |
| **HCC Treated:** Yes [ ]  No [ ]  | **Chemoembolization:** Yes [ ]  No [ ]  | **RFA:** Yes [ ]  No [ ]  | **Resection:** Yes [ ]  No [ ]  |

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| **LABORATORY DATA** |
| **Renal** | Patient | Lab Date |  |
| BUN |       |       |  |
| Creatinine |       |       |  |
| **Hepatic** | Patient | Lab Date |  |
| AST (SGOT) |       |       |  |
| ALT (SGPT |       |       |  |
| Alk Phos |       |       |  |
| Amylase |       |       |  |
| T Bili |       |       |  |
| PT |       |       |  |
| PTT |       |       |  |
| Albumin |       |       |  |
| INR |       |       |  |
| **Other** | Patient | Lab Date |  |
| WBC |       |       |  |
| HGB/HCT |       |       |  |
| Platelets |       |       |  |
| Calcium |       |       |  |
| Glucose |       |       |  |
| T Protein |       |       |  |
| Sodium |       |       |  |
| Potassium |       |       |  |
| Chloride |       |       |  |
| Ammonia |       |       |  |
| **Serology** | Patient | Lab Date |  |
| Anti HAV |       |       |  |
| HBsAg |       |       |  |
| Anti HBs |       |       |  |
|  HBeAg |       |       |  |
|  HBV DNA |       |       |  |
| Anti HBc |       |       |  |
|  Anti HBe |       |       |  |
| Anti HCV |       |       |  |
|  Method |       |       |  |
|  HCV RNA |       |       |  |
| CMV IGG |       |       |  |
| CMV IGM |       |       |  |
| HIV |       |       |  |

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| **Psychosocial Evaluation/Quality of Life**(Support system, informed consent, attitude about transplant, aftercare, complications, etc.): |
|       |

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| **Ohio Medicaid Insurance**The Ohio Medicaid Required Information Form should be submitted along with this summary. |
| **Select Type:**  | Standard Medicaid [ ]   | Medicaid Managed Care Plan [ ]   |