



University of California
San Francisco

Virtual Tumor Board Presentation Form

To submit your case to the HCC Virtual Tumor Board, please complete this form and email directly to the VTB Coordinator at kimberly.fitzgerald@ucsf.edu

Presenter Name: _____		TUBO Case ID #: <i>For UCSF Use</i>	
Presenter Clinic: _____			
<u>Patient demographic information</u>			
Age: _____		Type of Patient: New Patient	
Sex: F M		Follow-Up Patient	
Etiology of liver disease: _____			
Cirrhosis? Yes No Unknown			
<u>Lab Results</u>		<u>Imaging Details</u>	
Bilirubin: _____		Date of Scan(s): _____	
INR: _____		Type of Scan(s): CT MRI Other (specify)	
Albumin: _____		Impression: _____	
Platelets: _____			
Creatinine: _____			
AFP: _____			
Brief summary of case and specific questions: 			