



Southern Health

Insert patient label OR enter patient details here

FibroScan® Referral

Department of Gastroenterology
Monash Medical Centre
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Name: _____

DOB: ___/___/___ Sex: M / F

Address: _____

Suburb: _____ Postcode: _____

Phone(H): () _____ Phone(W): () _____

Site ID: 3	Procedure ID: _____
Patient UR: _____	

Liver Biopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Date: DD / MM / YYYY Fibrosis Stage: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Inflammatory Grade: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Liver Function Date: DD / MM / YYYY Total Protein: ___ g/L Albumin: ___ g/L ALT: ___ U/L Bilirubin: ___ µmol/L GGT: ___ U/L ALP: ___ U/L
Previous FibroScan® <input type="checkbox"/> Yes <input type="checkbox"/> No Date: DD / MM / YYYY Result: ___ . ___	Haematology Haemoglobin: ___ g/L Platelets: ___ x 10 ⁹ /L INR: ___ . ___
Comorbidities <input type="checkbox"/> Hepatitis B <input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis C <input type="checkbox"/> NASH <input type="checkbox"/> Alcohol <input type="checkbox"/> IDDM/NIDDM <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Other	Clinician Assessment of Liver Scarring <input type="checkbox"/> No / Minimal (F0-1) <input type="checkbox"/> Moderate (F2-3) <input type="checkbox"/> Severe/ Cirrhosis (F4)
Clinical Notes	

Referred by: _____ <i>Block Letters</i>	Report Copies to: _____
Referring Dr Address: _____	Address for Copies: _____
Signature: _____	Date: DD / MM / YYYY
	Provider Number: _____

PLEASE NOTE: FIBROSCAN® IS AN INVESTIGATIONAL DEVICE AND DOES NOT HAVE PROVEN EQUIVALENCE TO LIVER BIOPSY IN THE ASSESSMENT OF HEPATIC FIBROSIS.

FibroScan® is an ultrasound like device providing an estimation of hepatic fibrosis. The results of FibroScan® need to be interpreted in conjunction with the patients clinical circumstances. FibroScan® should be repeated when results are discordant with clinical context and consideration for liver biopsy should be given when discordance is unexplained.

Please note that FibroScan® is an investigational device and does not have proven equivalence to liver biopsy in the assessment of hepatic fibrosis. FibroScan® does not replace conventional liver ultrasound and is not intended for the investigation or exclusion of liver lesions or biliary tract disease.

There is no requirement to fast or alter medication use prior to undergoing FibroScan®. FibroScan® assessment may not be possible in up to 1/4 of patients with a BMI > 30kg/m² and alternative investigations may be more appropriate.

For more information regarding use of FibroScan® or the interpretation of results, please contact the Department of Gastroenterology, Monash Medical Centre, Ph: 9594 3177.