



46243

**The Alfred**Insert patient label OR enter patient details here

FibroScan® Referral

Department of Gastroenterology, Level 4 (Ward 4B)

The Alfred Hospital

Commercial Road, Melbourne 3004

Tel: (03) 9076 2223

Fax: (03) 9076 2194

Name: _____

DOB: ____/____/____

Sex: M / F

Address: _____

Suburb: _____ Postcode: _____

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

Site ID	1	Procedure ID	106314
Patient UR			

Liver Biopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="text"/> / <input type="text"/> / <input type="text"/> <small>DD MM YYYY</small> 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 <input type="text"/> / <input type="text"/> / <input type="text"/> <small>DD MM YYYY</small> Total Protein <input type="text"/> g/L Albumin <input type="text"/> g/L ALT <input type="text"/> U/L Bilirubin <input type="text"/> μmol/L GGT <input type="text"/> U/L ALP <input type="text"/> U/L
Previous FibroScan® <input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="text"/> / <input type="text"/> / <input type="text"/> <small>DD MM YYYY</small> Result <input type="text"/> . <input type="text"/>	Haematology Haemoglobin <input type="text"/> g/L Platelets <input type="text"/> x 10 ⁹ /L INR <input type="text"/> . <input type="text"/>
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: _____ <small>Block Letters</small>	Report Copies to: _____
Referring Dr Address: _____	Address for Copies: _____
Signature: _____	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <small>DD MM YYYY</small>
	Provider Number: <input type="text"/>

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 Gastroenterology Department, Alfred Hospital, Ph: 9076 2223.