



The Alfred

# FibroScan® Referral

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1

|   |  |                                     |                            |                                      |  |
|---|--|-------------------------------------|----------------------------|--------------------------------------|--|
| <b>Patient:</b>                                     | UR No. _____                             | Sex: _____                          | <b>Liver Biopsy</b>        | <b>Yes/No</b>                        | <b>Liver Function</b>                  |
| Name:   | _____                                    | Age: _____                          | Date: _____/_____/_____    |                                      | Total Protein <input type="checkbox"/> |
| Address:  | _____                                    | DOB: _____                          | Stage: _____               |                                      | Albumin <input type="checkbox"/>       |
|   | _____                                    | Phone: H ( ) _____                  | Grade: _____               |                                      | Bilirubin <input type="checkbox"/>     |
|   | Mobile: _____                            | Phone: W ( ) _____                  | Medicare No: _____         |                                      | ALT <input type="checkbox"/>           |
| <b>Comorbidities</b>                                |  |                                     |                            |                                      | GGT <input type="checkbox"/>           |
| Hepatitis B <input type="checkbox"/>                | Alcohol <input type="checkbox"/>         | NASH <input type="checkbox"/>       |                            |                                      | ALP <input type="checkbox"/>           |
| Hepatitis C <input type="checkbox"/>                | Cystic Fibrosis <input type="checkbox"/> | IDDM/NIDDM <input type="checkbox"/> |                            |                                      |  |
|   | HIV <input type="checkbox"/>             | Other <input type="checkbox"/>      |                            |                                      |  |
| <b>Clinical Notes and Questions to be answered:</b> |  |                                     | <b>Previous FibroScan®</b> | <b>Haematology</b>                   |  |
|   |  |                                     | Yes/No _____               | Haemoglobin <input type="checkbox"/> |  |
|   |  |                                     | Date: _____/_____/_____    | Platelets <input type="checkbox"/>   |  |
|   |  |                                     | Result: _____              | INR <input type="checkbox"/>         |  |

NOTE: FibroScan® may not be possible in patients with obesity. See overleaf for details

**PLEASE ATTACH COPIES OF RECENT LIVER FUNCTION TESTS AND OTHER RELEVANT INVESTIGATIONS**

|                     |               |                   |                       |
|---------------------|---------------|-------------------|-----------------------|
| <b>Referred by:</b> | _____         | Report Copies to: | _____                 |
|                     | Block Letters |                   |                       |
| Address:            | _____         |                   |                       |
| Signature:          | _____         | Pager: _____      | Date: _____           |
|                     |               |                   | Provider Number _____ |

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

2

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.

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®.

For more information regarding the use of FibroScan® or the interpretation of results, please contact the Gastroenterology Department, Alfred Hospital, Ph: 9076 2223.

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.

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