



Date: _____

Patient name:: _____ MRN: _____

H/C #: _____ DOB: _____

Referring physician/surgeon: _____

Reason for biopsy/brief clinical history _____

Results of laboratory investigations in your office:

ALT	_____	Hepatitis B surface antigen	_____
ALP	_____	Herpatitis B surface antibody	_____
GGT	_____	Hepatitis B core antibody	_____
ANA	_____	Hepatitis C antibody	_____
AMA	_____	Hepatitis C PCR	_____
ASMA	_____	Hepatitis A antibody (IgG + IgM)	_____
INR	_____	Hepatitis A antibody (IgM)	_____
IRON % SAT	_____	AAT	_____
AFP	_____	Ceruloplasmin	_____
TOTAL IgG	_____	CBC	_____
Total IgM	_____	Platelet count	_____
Total IgA	_____	Ferritin	_____

Current medications/non-prescribed drug use: _____

Clinical summary: _____