



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: \_\_\_\_\_