

HEPATIC PATHOLOGY ADDITIONAL INFORMATION REQUEST

1. TO:		
2. FROM:	6. Telephone:	
3. FAX:	7. Email:	
4. JPC Accession Number:		
5. Patient Name:		8. Surgical Case #:
9. We have received and are working on the case you sent in for consultation. The following information is needed to help us formulate the best interpretation of the biopsy material.		
a. A narrative clinical-laboratory summary covering this information is also acceptable.		
Indication for biopsy or operation:		
Basis for patient's previous diagnosis:		
Operative findings:		
Clinical evidence of liver disease:		
History of alcohol use:		
History of hepatitis exposure (including transfusions or IV drug use):		
History of diabetes or obesity:		
Medications (dates used), including nonprescription, vitamins, herbal preparations & dietary supplements:		
Imaging studies or results of imaging studies of the liver & biliary tract:		
b. Laboratory data & date obtained (supply as much as possible):		
AST (SGOT)	Anti-HAV	Other
ALT (SGPT)	HBsAg	
Alkaline Phosphatase	Anti-HBc	
GGTP	Anti-HBs	
Bilirubin	HBeAg	
Total Protein	Anti-HCV	
Albumin	HCV RNA	
Prothrombin Time	ANA	
Cholesterol	ASmA	
Glucose	AMA	
10. Please fax the information as soon as possible to 301-295-0104		