



**The Royal
Melbourne
Hospital**

VIDS
Victorian Infectious
Diseases Services



FibroScan® Referral

Victorian Infectious Diseases Service (VIDS)

The Royal Melbourne Hospital

Grattan Street, Parkville, VIC 3050

**To refer please use the RMH Specialist
Clinics referral fax: 03 9342 4234**

Insert patient label OR enter patient details here:

Name: _____

UR: _____

D.O.B: ____/____/____ Sex M F

Address: _____

Suburb: _____ Postcode: _____

Phone: _____

Liver Biopsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Liver Function
Date ____/____/____ <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	Date ____/____/____ <small>DD MM YYYY</small> Total Protein _____ g/L Albumin : _____ g/L ALT _____ U/L Bilirubin: _____ μmol/L GGT _____ U/L ALP: _____ U/L
Previous FibroScan® <input type="checkbox"/> No <input type="checkbox"/> Yes → Number of scans _____	Haematology
Date ____/____/____ (of the most recent fibroscan) <small>DD MM YYYY</small> Result _____	Haemoglobin _____ g/L Platelets _____ x 10 ⁹ /L INR _____
Comorbidities	Clinician Assessment of Liver Scanning
<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	<input type="checkbox"/> No / Minimal (F0-1) <input type="checkbox"/> Moderate (F2-3) <input type="checkbox"/> Severe / Cirrhosis (F4)
<u>Clinical Notes</u> 	

(Block Letters Please)

Referred By:	Report Copies To:
Referring Dr Address:	Address for Copies:
_____ / _____ / _____ <small>DD MM YYYY</small>	
Signature	Date
Provider No	

Practice Location: _____

Country of Birth: _____

Identify as Aboriginal and/or Torres Strait Islander: Yes No

Height: _____ cm

Weight: _____ kg

BMI: _____

Risk factors for Hepatitis

- | | | |
|------------------------------|------------------------------|-----------------------------|
| IDU – Current (<6 months): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IDU – Past (>6 months): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vertical / Early Horizontal: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual – MSM: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual – Non MSM: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other (specify): _____

Alcohol

Standard drinks per week: _____

Features of Decompensation

- Ascites: Yes No
 Encephalopathy: Yes No

<u>Fibroscan Operator Comments:</u>

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 patient's clinical circumstances. FibroScan® should be repeated when results are discordant with clinical context and consideration for liver biopsy should be given when discordance is explained.

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 one-quarter of patients with a BMI > 30 kg/m² and alternative investigations may be appropriate.

For more information regarding use of FibroScan® or the interpretation of results, please contact:
Victorian Infectious Diseases Service, the Royal Melbourne Hospital on 9342 7212.