

THIS IS NOT A TEST REQUEST FORM.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR LIVER FIBROSIS, FIBROMETER VCTE

Patient Name: _____ **Date of Birth:** _____

Ordering Provider: _____ **Provider Phone:** _____

FibroScan Score (kPa): _____ **Date FibroScan Performed:** _____

Platelet Count: _____ **Platelet Count Date:** _____

This form is specific for [3001379] Liver Fibrosis–FibroMeter Vibration Controlled Transient Elastography (FibroMeter plus FibroScan), a non-invasive test to assess liver fibrosis in patients with chronic hepatitis B or C (with or without HIV co-infection) or with non-alcoholic fatty liver disease (NAFLD).

If the patient history requested below was not provided at the time of electronic ordering, please use this form to indicate if either the patient’s platelet count or coagulation (prothrombin index, prothrombin time, or INR) is affected due to conditions other than liver disease. Based on the information provided, a modified algorithm for FibroMeter VCTE will be used to reflect the condition.

NOTE: This test is not recommended when both platelet count and coagulation are affected. Please **DO NOT** order for patients with both conditions or test order will be cancelled.

Please select **ONE** of the following:

Values affected (check only ONE):

Due to conditions including:

NA or Unknown

Patient has no condition that affects platelet count or coagulation (PT or INR).

Platelet affected

- Anemia
- Leukemia
- Immune thrombocytopenia
- Essential thrombocythemia
- Other (please describe) _____

Coagulation (PT or INR) affected

- Anti-coagulation medication
- Anti-platelet medication
- Vitamin K deficiency
- Genetic conditions (bleeding disorders)
- Other (please describe) _____

If no box is checked, the standard algorithm will be used.