



NextGenPath Diagnostics

No. 34/29, Nallasiriyar Nagar, Thottipalayam,
Chinnampalayam Post, COIMBATORE - 641 062

LIVER BIOPSY REQUEST FORM

PATIENT'S NAME: _____ **AGE/SEX:** _____ **UNIQUE NO: NXT/** _____ **BIOPSY NO: L-** _____

HOSPITAL: _____

CLINICIAN: _____

ADDRESS: _____

CONTACT NO: _____

EMAIL: _____

Biopsy material/s (Please specify the number):

Type: Percutaneous/ Transjugular /Wedge

Fixative: Yes/No: If yes please specify

Presentation:

Associated features:

Brief description of the above if significant:

Pedigree chart

Passion for Pathology

Drug history

Concomitant systemic illness/s:



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INVESTIGATIONS:

Hb:	TLC:	DLC:	Platelets:	Peripheral smear:		
CXR:		DCT:	PT:	aPTT:	INR:	PTI:
Total protein:	Albumin:	Globulin:				
IgG:	IgG4:	IgM:	IgA:			

Bilirubin: Total ; Direct AST: ALT: ALP: GGT:

Viral markers:

HAV-
HBV-
HCV-
HEV-

Autoimmune markers:

ANA:

AMA-M2

Serum ceruloplasmin:

24 hour urine copper (baseline):

24 hour urine copper (post penicillamine challenge):

Imaging:

Endoscopy:

Any other relevant investigations:

Passion for Pathology

CLINICAL IMPRESSION:

For queries, please contact:

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