



Liver Biopsy (Adult)

Patient ID ___ - ___ ID ___ - ___

Date of Biopsy: **BIOPDATE**

Instructions: This form should be completed at least 24 hours after the liver biopsy is performed.

1. Reason for biopsy (check one): **BXRSN**
 - 1 Clinically indicated for diagnosis, grading or staging
 - 2 Treatment trial initial
 - 3 Treatment trial follow-up
 - 5 HBV/HIV Co-infected Ancillary Study biopsy (pre or post enrollment)
 - 4 Other, specify _____ **BXRSNOS** _____
2. Operator: **BXOP** 1 Hepatologist/Gastro 2 Radiologist 3 Fellow 4 Other, ___ **BXOPOS** ___ Unknown
3. Coagulation parameters available within 1 month prior to biopsy (most recent result):
 - a. Platelet count: **BXPLAT** x10³ mm³ Not done
 - b. Prothrombin time: **BXPROT** seconds Not done
 - c. INR **BXINR** Not done
4. Was the biopsy image-guided? **BXIMG** Yes No Unknown
5. Type of needle used: 1 Aspiration (Jamshidi, Klatskin, or Menghini) **BXNEED**
 - 2 Cutting (Tru-cut, Vim Silverman, Bard Monopty, BioPince or Tri-axial)
 - 3 Other, _____ **BXNEEDOS** _____
 - Unknown
6. Needle diameter (gauge): _____ **NGAUGE** Unknown
7. Number of passes: ___ **BXPASS** ___ Unknown
8. Was liver tissue obtained? **BXTISS** Yes No Unknown
9. Was biopsy fragmented? **BXFRAG** Yes No Unknown
10. Was sedation used? **CONSED** 0 No 1 Conscious 2 General Unknown
11. Were there any complications of biopsy? **BXCOMP** Yes No Unknown

If Yes,

- 11.1 Pain (unexpected): Yes No Unknown **BXPN**

If Yes,

- a. Onset of pain: **BXPNONS** 1 Immediate 2 Delayed (>1 hour after biopsy) Unknown
- b. Duration in hours: **BXPNDUR** 1 < 1 2 1-4 3 5-24 4 > 24 Unknown
- c. Severity: 1 Mild (not requiring analgesia) 3 Severe (use of parenteral analgesics) **BXPNSEV** 2 Moderate (use of oral analgesics only) Unknown

- 11.2 Bile leak: Yes No Unknown **BXBL**

If Yes, management: 1 Conservative 2 ERCP 3 Surgery
BXBLMG 4 Other, ___ **BXBLMGOS** ___ Unknown

- 11.3 Bleeding (unexpected): Yes No Unknown **BXBLD**

If Yes, severity (check all that apply):

- Uncomplicated **BXBLDSUC** Required radiologic/surgical intervention **BXBLDSSI**
 Required blood transfusion **BXBLDSTR** Unknown **BXBLDSUK**

- 11.4 Vasovagal episode: Yes No Unknown **BXVV**

- 11.5 Other: Yes, specify ___ **BXOTHS** ___ No Unknown **BXOTH**

- 11.6 Did complications lead to an emergency room visit? Yes No Unknown **BXER**

- BXHOSP** 11.7 Did complications lead to hospital admission or prolongation of hospital stay? Yes No Unk

- 11.8 Did complication lead to (check all that apply): Permanent injury Disability Death

BXINJ **BXDAB** **BXDTH**

Data collector initials: DCID	Date data collection completed (mm/dd/yy): DCM / DCD / DCY
--------------------------------------	---