



Fibroscan

Patient ID ____ - ____ ID ____ - ____
 Date of Exam: **DOEDATE**
 Time of Exam: **DOEHR : DOEMN**
 Protocol timepoint (see codes): **TMPT**

SECTION I: EVALUATION

1. Height: **HGT** 1 inches 2 cm **HINCM** Not done
2. Weight: **WGT** 1 lbs. 2 kg **WLBKG** Not done
3. Was the patient fasting for this visit (*optimal is 12 hours, minimum is 3 hours*)? Yes No Unknown
FASTYN
 If Yes, number of hours fasting (*round to nearest hour*): ____ Unknown **FASTHR**

SECTION II: PROCEDURE

1. Operator initials (*first, middle, last*): ____ **OPID**
2. Probe type: 1 Small/pediatric 2 Medium 3 Large/XL Unknown **PROBE**
3. Was elastography data obtained? Yes No **ELAST**
 If Yes,
 - a. Number of valid measurements: ____ Not available **NUMVM**
 - b. Stiffness, Median: ____ kPa **STIFFMED**
 - c. Stiffness, Interquartile range (IQR): ____ kPa Not available **STIFFIQR**
 - d. CAP, Median: ____ dB/m Not available **CAPMED**
 - e. CAP, Interquartile range (IQR): ____ dB/m Not available **CAPIQR**
 - f. Percent success: ____ % Not available **SUCCESS**

If No, reason (*check all that apply*)

- Excessive depth from skin surface to liver surface **EXDEP**
- Non-quantifiable data **NOQDATA**
- Chest wall deformity **DEFORM**
- Ascites **ASCITE**
- High interquartile range/median (IQR/M) ratio **HIQRM**
- Other **NOEOTH**, specify _____ **NOEOTHS** _____