



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: **BXPN DUR** 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**