



Fibroscan

Patient ID ____ - ____ - ____

Date of Exam: ____ / ____ / ____

Time of Exam: ____ : ____

Protocol timepoint (see codes): ____

SECTION I: EVALUATION

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

SECTION II: PROCEDURE

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

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

- Excessive depth from skin surface to liver surface
- Non-quantifiable data
- Chest wall deformity
- Ascites
- High interquartile range/median (IQR/M) ratio
- Other, specify _____