



Liver Biopsy (Adult)

Patient ID ____ - ____ - ____

Date of Biopsy: ____ / ____ / ____

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

1. Reason for biopsy (check one):
 - 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 _____
2. Operator: 1 Hepatologist/Gastro 2 Radiologist 3 Fellow 4 Other, _____ Unknown
3. Coagulation parameters available within 1 month prior to biopsy (most recent result):
 - a. Platelet count: _____ x10³ mm³ Not done
 - b. Prothrombin time: _____ seconds Not done
 - c. INR _____ Not done
4. Was the biopsy image-guided? Yes No Unknown
5. Type of needle used: 1 Aspiration (Jamshidi, Klatskin, or Menghini)
2 Cutting (Tru-cut, Vim Silverman, Bard Monopty, BioPince or Tri-axial)
3 Other, _____
 Unknown
6. Needle diameter (gauge): _____ Unknown
7. Number of passes: _____ Unknown
8. Was liver tissue obtained? Yes No Unknown
9. Was biopsy fragmented? Yes No Unknown
10. Was sedation used? 0 No 1 Conscious 2 General Unknown
11. Were there any complications of biopsy? Yes No Unknown
 - If Yes,
 - 11.1 Pain (unexpected): Yes No Unknown
 - If Yes,
 - a. Onset of pain: 1 Immediate 2 Delayed (>1 hour after biopsy) Unknown
 - b. Duration in hours: 1 < 1 2 1-4 3 5-24 4 > 24 Unknown
 - c. Severity: 1 Mild (not requiring analgesia) 3 Severe (use of parenteral analgesics)
2 Moderate (use of oral analgesics only) Unknown
 - 11.2 Bile leak: Yes No Unknown
 - If Yes, management: 1 Conservative 2 ERCP 3 Surgery
4 Other, _____ Unknown
 - 11.3 Bleeding (unexpected): Yes No Unknown
 - If Yes, severity (check all that apply):
 Uncomplicated Required radiologic/surgical intervention
 Required blood transfusion Unknown
 - 11.4 Vasovagal episode: Yes No Unknown
 - 11.5 Other: Yes, specify: _____ No Unknown
 - 11.6 Did complications lead to an emergency room visit? Yes No Unknown
 - 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

Data collector initials: _____ Date data collection completed (mm/dd/yy): ____ / ____ / ____