



### Biochemistries - Comprehensive Panel

Patient ID: \_\_\_ - \_\_\_ - \_\_\_

Date of sample (mm/dd/yy): \_\_\_ / \_\_\_ / \_\_\_

Time of sample (24 hr.): \_\_\_:\_\_\_

Time-point (if applicable):  8 Week  6 Month  12 Month

Comprehensive Panel		Units	Time (if different from above)	Normal Range (LLN-ULN)	Not Done
1.	INR 1 <input type="checkbox"/> Corrected 2 <input type="checkbox"/> Uncorrected	_____	___:___		<input type="checkbox"/>
2.	Sodium	_____ mmol/L or mEq/L	___:___		<input type="checkbox"/>
3.	Potassium	_____ mmol/L or mEq/L	___:___		<input type="checkbox"/>
4.	Chloride	_____ mmol/L or mEq/L	___:___		<input type="checkbox"/>
5.	Bicarbonate (HCO <sub>3</sub> -) (CO <sub>2</sub> )	_____ mmol/L or mEq/L	___:___		<input type="checkbox"/>
		_____ mmol/L or mEq/L	___:___		<input type="checkbox"/>
6.	Glucose	_____ <input type="checkbox"/> mmol/L <input type="checkbox"/> mg/dL	___:___	___-___	<input type="checkbox"/>
7.	BUN	_____ <input type="checkbox"/> mmol/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
8.	Creatinine	_____ <input type="checkbox"/> µmol/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
9.	Total Calcium	_____ <input type="checkbox"/> mmol/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
10.	Ionized Calcium	_____ <input type="checkbox"/> mmol/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
11.	Magnesium	_____ <input type="checkbox"/> mmol/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
12.	Phosphate (PO4)	_____ <input type="checkbox"/> mmol/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
13.	Total Protein	_____ <input type="checkbox"/> g/dL <input type="checkbox"/> g/L	___:___		<input type="checkbox"/>
14.	Albumin	_____ <input type="checkbox"/> g/dL <input type="checkbox"/> g/L	___:___		<input type="checkbox"/>
15.	Total Bilirubin	_____ <input type="checkbox"/> µmol/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
16.	Direct Bilirubin	_____ <input type="checkbox"/> µmol/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
17.	Indirect Bilirubin	_____ <input type="checkbox"/> µmol/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
18.	Conjugated Bilirubin	_____ <input type="checkbox"/> µmol/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
19.	Unconjugated Bilirubin	_____ <input type="checkbox"/> µmol/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
20.	Delta Bilirubin	_____ <input type="checkbox"/> µmol/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
21.	Alkaline Phosphatase	_____ IU/L	___:___		<input type="checkbox"/>
22.	AST	_____ IU/L	___:___	___-___	<input type="checkbox"/>
23.	ALT	_____ IU/L	___:___	___-___	<input type="checkbox"/>
24.	Lactate	_____ <input type="checkbox"/> mmol/L or mEq/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
25.	Pyruvate	_____ <input type="checkbox"/> mmol/L or mEq/L <input type="checkbox"/> mg/dL	___:___		<input type="checkbox"/>
26.	Venous ammonia	_____ µmol/L	___:___		<input type="checkbox"/>
27.	Arterial ammonia	_____ µmol/L	___:___		<input type="checkbox"/>

28. Was a serum sample collected for storage?  Yes  No  N/A, prior to PALF enrollment

- 28.1 If No, indicate reason:
- 1  Insufficient blood volume/inadequate sample (e.g. met max volume allowed)
  - 2  Not ordered
  - 3  Ordered, but blood not drawn
  - 4  Lab error
  - 5  Patient unavailable due to procedure/surgery
  - 6  Patient met outcome (discharge, death, or liver transplantation)
  - 7  Patient listed for liver transplant
  - 8  Patient enrolled into PALF late in day
  - 9  Could not be collected prior to 12pm (noon)
  - 20  At follow-up visit: clinical labs drawn at outside laboratory
  - 99  Other, specify \_\_\_\_\_