

THE JOINT PATHOLOGY CENTER HEPATIC PATHOLOGY ADDITIONAL INFORMATION REQUEST		
1. TO:	2. FROM:	
3. FAX:	4. JPC ACCESSION NUMBER:	
5. PATIENT NAME:	6. TELEPHONE:	
7. EMAIL:	8. SURGICAL CASE #:	
9. We have received and are working on the case you sent in for consultation. The following information is needed to help us formulate the best interpretation of the biopsy material.		
a. A narrative clinical-laboratory summary covering this information is also acceptable.		
Indication for biopsy or operation:	Basis for patient's previous diagnosis:	
Operative findings:	Clinical evidence of liver disease:	
History of alcohol use:	History of hepatitis exposure (including transfusions or IV drug use):	
History of diabetes or obesity:	Medications (dates used), including nonprescription, vitamins, herbal preparations & dietary supplements:	
Imaging studies or results of imaging studies of the liver & biliary tract:		
b. Laboratory data & date obtained (supply as much as possible):		
AST (SGOT)	Anti-HAV	Other
ALT (SGPT)	HBsAg	
Alkaline Phosphatase	Anti-HBc	
GGTP	Anti-HBs	
Bilirubin	HBeAg	
Total Protein	Anti-HCV	
Albumin	HCV RNA	
Prothrombin Time	ANA	
Cholesterol	ASmA	
Glucose	AMA	
10. Please fax the information as soon as possible to 301-295-0104		