



Biomnis

Clinical Information Form Fibrometer

- Must be attached with the sample(s) -

INTERNATIONAL DIVISION

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PRESCRIBING CLINICIAN	PATIENT DETAILS
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Surname:

Address:

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Post code: [][][][][][] City:

Country:

First name(s):

Surname:

Date of birth: [][][][][][][][][][]

Gender: F M

Anticoagulant treatment (optional): YES NO

	Information supplied	Tests performed
<p>FIBROMETER Virus, ALD, NAFLD Biomnis code: FIB3</p>	<p>Liver fibrosis score (Metavir) Cirrhosis score (Cirrhometer) Liver Activity score (Inframeter)</p>	<ul style="list-style-type: none"> • Platelet count.....G/L⁽¹⁾ (Imperative for the calculation) • Prothrombin time • AST • ALT • Urea • Bilirubin • GGT • Alpha 2-macroglobulin • Hyaluronic acid
<p>FIBROMETER VCTE (+ FIBROSCAN) Biomnis code: FVCTE</p>	<p>Liver fibrosis score (Metavir)</p>	<ul style="list-style-type: none"> • Platelet count.....G/L⁽¹⁾ (Imperative for the calculation) • AST • GGT • Alpha 2-macroglobulin • Prothrombin time <p>FIBROSCAN⁽²⁾</p> <ul style="list-style-type: none"> ■ Liver stiffness= [][][][][] KPa <p>Fibroscan exam date: [][][][][][][][][][] (Imperative for the calculation)</p>

(1) Please provide us with the results of the platelet count performed (Mandatory).
 (2) The time between the analysis of the Fibroscan and the blood test for Fibrometer must be less than 6 months.

Date : [][][][][][][][][][]
 Patient's signature:

Clinician's stamp