CONFIDENTIAL DOCUMENT
INFORMATION RELATED TO THE PATIENT'S MEDICAL CONDITION

eurofins | Biomnis

Essential information required for the FibroMAX

Fibrotest - Actitest - Steatotest - Nashtest - Ashtest

INTERNATIONAL DIVISION

17/19, avenue Tony Garnier - BP 7322
69357 Lyon cedex 07

Tel.: **+33 (0)4 72 80 23 85**
Fax: **+33 (0)4 72 80 73 56**
E-mail: **international@biomnis.com**

PATIENT DETAILS

First name(s): .....

Surname: .....

Date of birth: ☐☐ ☐☐ ☐☐☐☐

Gender: ☐ F ☐ M

Size height: .....cm Weight: .....kg

Eurofins Biomnis file number provided:

or

.....

1 HEPATITIS C ONLY, WITHOUT COMBINED HIV/HBV

	Tick the box of the test requested
Within the scope of diagnosed hepatitis C: **FibroMAX** ***(Biomnis code: FIMAC)***	☐

2 FOR HEPATITIS B, METABOLIC DISORDERS, ALCOHOL-RELATED DISEASES, HEPATITIS C (EXCLUDING DIAGNOSTIC STRATEGY)

	Tick the box of the test requested
FibroMAX ***(Biomnis code: FIMAX)***	☐

R42-INTGB - November 2016