

ISOT RENAL TRANSPLANT PATHOLOGY SUB COMMITTEE 2023 Request form for Liver Allograft Biopsy Compiled by Dr.Pallav Gupta Dr.N.V.Seethalekshmy Dr.Archana Rastogi

Patient Information

Clinician details and contact number/E mail id

Specimen information (Tick the appropriate)

- 1) Medical Liver biopsy
- 2) Transplant liver biopsy

Date of transplant

Type of transplant ie DDLT,LDLT,APOLT

Donor details

ABO Compatible/Incompatible

3) Neoplastic liver biopsy

(Ideally to mention the number and length of the cores and whether intact or fragmented and also the procedure like Transjugular/Percutaneous/Guided)

Current clinical presentation with all relevant clinical details Duration of symptoms

Fever, Jaundice, Pruritus, CNS manifestations, Hemoptysis, Ascites etc

Renal manifestations

Organomegaly and other relevant clinical examination findings

Family history of relevant illness

Past History of relevant illness

Presence of DM/Metabolic syndrome

Medication status and serum level of Immunosuppressive therapy and whether medically treated suspecting rejection before biopsy was done(in context of transplant)

Intake of Alternate medicines/Alcohol/Toxins

Liver Function tests(LFT)

AST,ALT,ALP,GGT, Serum bilirubin and Serum albumin and globulin (Most recent to the biopsy with the previous results and trend)

CBC findings

Lipid profile

Serum glucose and HbA1C

Others

Autoantibodies, Cerruloplasmin, IgG

Viral serologies with quantitative levels wherever applicable

 $HAV, HBV, HCV, HDV, HEV, CMV, EBV, HSV, \ Other\ signification\ transplant\ viral\ panel$

Imaging studies

USG, CT, MRI, ERCP etc with relevant findings

Liver related pathology

H/o chronic liver disease –Specify etiology if known Aetiology of transplant

Lesions in other sites if any

Serum markers like AFP, PIVKA, CEA, CA19.9

Previous biopsies with diagnosis and date of biopsy

CLINICAL DAGNOSIS

Doctor's Address/seal:

E-mail ID:

Mobile no: