

Patient Name: \_\_\_\_\_

Patient Age: | | . | |

Patient Sex: Male  Female

### FORM HIFC1 - LIVER FUNCTION TEST RESULTS

Date of Test: | | / | | / | | | | or Not Done  | |

Day                  Month                  Year

**CHECK "N/A" FOR ANY RESULT THAT IS NOT AVAILABLE**

|    | Liver Function Tests | N/A                        | Results | Units (specify if "Other")  | Volume   |
|----|----------------------|----------------------------|---------|---|--|
| a) | Albumin              | <input type="checkbox"/> 1 | .       | <input type="checkbox"/> 1 mg <input type="checkbox"/> 5 mmol<br><input type="checkbox"/> 2 g <input type="checkbox"/> 6 IU<br><input type="checkbox"/> 3 μmol <input type="checkbox"/> 7 U<br><input type="checkbox"/> 4 nmol <input type="checkbox"/> 8 Other:<br><i>Specify:</i> | <input type="checkbox"/> 1 mL<br><input type="checkbox"/> 2 dL/%<br><input type="checkbox"/> 3 L |
| b) | Total Bilirubin      | <input type="checkbox"/> 1 | .       | <input type="checkbox"/> 1 mg <input type="checkbox"/> 5 mmol<br><input type="checkbox"/> 2 g <input type="checkbox"/> 6 IU<br><input type="checkbox"/> 3 μmol <input type="checkbox"/> 7 U<br><input type="checkbox"/> 4 nmol <input type="checkbox"/> 8 Other:<br><i>Specify:</i> | <input type="checkbox"/> 1 mL<br><input type="checkbox"/> 2 dL/%<br><input type="checkbox"/> 3 L |
| c) | Alkaline Phosphatase | <input type="checkbox"/> 1 | .       | <input type="checkbox"/> 1 mg <input type="checkbox"/> 5 mmol<br><input type="checkbox"/> 2 g <input type="checkbox"/> 6 IU<br><input type="checkbox"/> 3 μmol <input type="checkbox"/> 7 U<br><input type="checkbox"/> 4 nmol <input type="checkbox"/> 8 Other:<br><i>Specify:</i> | <input type="checkbox"/> 1 mL<br><input type="checkbox"/> 2 dL/%<br><input type="checkbox"/> 3 L |
| d) | SGOT (AST)           | <input type="checkbox"/> 1 | .       | <input type="checkbox"/> 1 mg <input type="checkbox"/> 5 mmol<br><input type="checkbox"/> 2 g <input type="checkbox"/> 6 IU<br><input type="checkbox"/> 3 μmol <input type="checkbox"/> 7 U<br><input type="checkbox"/> 4 nmol <input type="checkbox"/> 8 Other:<br><i>Specify:</i> | <input type="checkbox"/> 1 mL<br><input type="checkbox"/> 2 dL/%<br><input type="checkbox"/> 3 L |
| e) | SGPT (ALT)           | <input type="checkbox"/> 1 | .       | <input type="checkbox"/> 1 mg <input type="checkbox"/> 5 mmol<br><input type="checkbox"/> 2 g <input type="checkbox"/> 6 IU<br><input type="checkbox"/> 3 μmol <input type="checkbox"/> 7 U<br><input type="checkbox"/> 4 nmol <input type="checkbox"/> 8 Other:<br><i>Specify:</i> | <input type="checkbox"/> 1 mL<br><input type="checkbox"/> 2 dL/%<br><input type="checkbox"/> 3 L |
| f) | Total Protein        | <input type="checkbox"/> 1 | .       | <input type="checkbox"/> 1 mg <input type="checkbox"/> 5 mmol<br><input type="checkbox"/> 2 g <input type="checkbox"/> 6 IU<br><input type="checkbox"/> 3 μmol <input type="checkbox"/> 7 U<br><input type="checkbox"/> 4 nmol <input type="checkbox"/> 8 Other:<br><i>Specify:</i> | <input type="checkbox"/> 1 mL<br><input type="checkbox"/> 2 dL/%<br><input type="checkbox"/> 3 L |

|  |
|--|
| <b>Hospital ID</b><br>(stick label here) |
|--|

Initials/Date

Transcribed by: \_\_\_\_\_  
 Checked by: \_\_\_\_\_

|   |
|---|
| <b>Subject ID</b><br>(stick label here) |
|---|