



The **Hepatology (Liver) Clinic** has established the following standardized criteria for referrals. To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form **prior** to requesting the referral. Please mark the appropriate box(s) as indicated.

Note: This clinic sees only liver complaints. Conditions such as abdominal pain, dysphagia, GI bleeding, chronic diarrhea, etc., should be referred to GI Clinic.

1. Hepatitis

- CBC with platelets, LFTs, Chem 14, INR, PT & PTT, RUQ US
Hepatitis panel
- If HCV AB+ then genotype, HCVRNA PCR quant in IU/ml, TSH, T3, T4, free T4

2. Cirrhosis, Ascites, or Abnormal liver enzymes

- CBC with platelets, LFTs, Chem 14, INR, PT & PTT, hepatitis panel, lipids
- Autoantibodies (ANA, SMA, AMA)
- RUQ US

3. Liver mass or liver cancer

- CBC with platelets, LFTs, Chem 14, INR, PT & PTT, hepatitis panel
- RUQ US and/or CT with and without contrast

4. Fatty liver disease

- CBC with platelets, LFTs, Chem 14, INR, PT & PTT, hepatitis panel
- RUQ US

5. Alcoholic liver disease

- CBC with platelets, LFTs, Chem 14, INR, PT & PTT, hepatitis panel
- RUQ US

6. Autoimmune Liver Disease: primary biliary cirrhosis, primary sclerosing cholangitis, autoimmune hepatitis

- CBC with platelets, LFTs, Chem 14, INR, PT & PTT, Autoantibodies (ANA, SMA, AMA), immunoglobulins

7. Wilson disease, Alpha-one antitrypsin, Hemochromatosis

- CBC with platelets, LFTs, Chem 14, INR, PT & PTT, iron studies, copper