



# National Liver Disease Biobank

(DBT-ILBS initiative for Research on Hepatitis C and Liver Diseases)

INSTITUTE OF LIVER & BILIARY SCIENCES

D1-Vasant kunj, New Delhi

Phone No. +91-011-46300000, Ext. 24813, 24814

Email: biobank.ilbs@gmail.com, Website: www.nldb.in



## ANNOTATION FORM - LIVER DISEASE

Biobank ID: \_\_\_\_\_ UHID: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male/Female/Others Marital Status: Married/ Unmarried/Divorced Height: \_\_\_\_\_cm

Weight: \_\_\_\_\_kg BMI: \_\_\_\_\_ Waist circumference: \_\_\_\_\_cm Pulse/min: \_\_\_\_\_ BP (mmHg): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Contact no: \_\_\_\_\_ E-mail: \_\_\_\_\_

Provisional Diagnosis: \_\_\_\_\_ Clinical Diagnosis: \_\_\_\_\_

Final Diagnosis: \_\_\_\_\_

Project Name: \_\_\_\_\_

Institution/ Doctor/ PI Name: \_\_\_\_\_

### **SAMPLE COLLECTION**

Date:	Procedure:	
Types of Tissue:	Collected / Not collected /N.A	Tumour / Diseased / Adjacent Normal Tissue
Date & Time of resection:	Date & Time of receiving in Pathology:	Temperature in which transported:
Collected by: Date/ Time/ Signature	Received by: Date/ Time/ Signature	Pathologist:
Observations:	Received by (biobank): Date/ Time/ Signature	Other remarks:
Blood sample: Collected/Not collected	Collected by: Date/Time/ Signature	Container type:
HV Blood (mL)	Pulmonary Artery (mL)	Other:
Peripheral Vein Blood (mL)	Bone Marrow(mL)	
URINE (mL):	STOOL (gm):	Other:
*Follow-up sample (Mention: Hour/ Day/ Week/ Month/ Year)		
Final processed sample required: Serum / Plasma / PBMC / RNA / DNA / SNP tissue/ tissue in RNA later/ FFT/ Other		

### **SAMPLE COLLECTED**

### **SAMPLE SUBMITTED IN NLDB**

### **SAMPLE OWNED BY PI/STUDENT**

Quantity of vial/tube		

### **SIGNATURE**

PI/Student/Researcher	Manager, Biobank

**CLINICAL ANNOTATION**

Type	Etiology	HAI (0-18)	Fibrosis (0-4)
Acute viral hepatitis	If Yes, mention types: Hepatitis A/ B/ C/ D/ E		
Chronic hepatitis	If Yes mention types: B/ C/ E		
Alcoholic Hepatitis			
Cirrhosis of Liver	Alcohol/ HBV/ HCV/ NAFLD/ Cryptogenic/ Autoimmune/ Wilson/ NASH Others:		
ACLF	Acute _____ Chronic _____		
Acute Liver failure	If Yes mention types: A/ E, Drug Induced/ AIH/ Indeterminate/ EBV/ Cytomegalovirus/ Herpes virus/ Other		
Autoimmune Liver disease	If Yes Types: AIH/ PBC/ PSC/ Overlap syndrome/ IgG4 related Other		
Vascular	NCPH(f)/ Budd-Chiari (HVOTO)/ EHPVO / Nodular regenerative Hyperplasia/ Others		
Portal vein thrombosis	Acute/ Chronic/ In cirrhosis/ In non-cirrhotic		
Primary liver malignancy	HCC/ Cholangio/ HCC-CC/ Fibrolamellar HCC/ Hemangiosarcoma and Angiosarcoma/ Hepatoblastoma/ Other Clinical staging : T N M Stage grouping : IA/ IB/ II/ IIIA/ IIIB/ IVA/ IVB		
Granulomatous Disease	TB/ Sarcoidosis/ Other		
Healthy donor	Yes/ No		
DILI	Type of drug _____ Duration _____ Dose _____		

**PHT COMPLICATIONS:**

Variceal Bleeding	Ascites	Splenomegaly	HRS	HPS	SBP	AKI	Others
-------------------	---------	--------------	-----	-----	-----	-----	--------

**NON-PHT COMPLICATIONS:**

Sarcopenia	osteopenia	cardiac issues	Renal	CNS	PNS	Other
------------	------------	----------------	-------	-----	-----	-------

SIRS/Sepsis/septic shock/organ dysfunction with details \_\_\_\_\_

**CO-MORBIDITIES:**

DM: TYPE-I/ TYPE-II	Hypertension	CAD	Obesity	TB	Others:
---------------------	--------------	-----	---------	----	---------

Non-invasive tests: Dexamethasone \_\_\_\_\_ Liver Stiffness \_\_\_\_\_ CAP \_\_\_\_\_ APRI \_\_\_\_\_

Severity & Score of Complication: \_\_\_\_\_

MELD	MELDNA	CTP	CLEF SOFA	AARC
------	--------	-----	-----------	------

Associated Malignancy: \_\_\_\_\_

**FAMILY HISTORY OF LIVER DISEASE:** Yes/ No [If yes: Types of Disease \_\_\_\_\_]

First degree relative/ Second Degree relative

DM: TYPE-I / TYPE-II	Hypertension	CAD	Cancer	TB	Others:
----------------------	--------------	-----	--------	----	---------

**PERSONAL HISTORY:**

Smoking: Never / Former / Current      Alcoholic: Never / Former / Current

Drugs: Never / Former / Current      Chewing tobacco: Never / Former / Current

Workplace exposures: Textile Dye / Rubber-tires / Leather / Painter / Shoemaker / Aluminum / Iron / Steel worker / Health care / Driver / None/ Others

**TREATMENT:**

Any treatment taken: Yes/ No [If yes, mention \_\_\_\_\_]

Any Surgery: \_\_\_\_\_ Blood Transfusion: \_\_\_\_\_

Have you ever taken the contraceptive pill? (Include the 'mini-pill'): Yes/ No/ Prefer not to answer

Have you ever used hormone replacement therapy (HRT)? \_\_\_\_\_

**DIAGNOSTIC:****RADIOLOGICAL ANNOTATION**

	Date of test	Findings		
Ultrasound				
Fibro scan *if any				
MRI, MRA, MRCP				
CT Abdomen				
FDG-PET Scan				
Chest CT scan				
Bone Scan				
Chest X-ray				
Dexa				
Biopsy		<u>HAI</u>	<u>FIB</u>	<u>IMP:</u>

**LIVER FUNCTION TEST****KIDNEY FUNCTION TEST****HAEMATOLOGY**

	Date	Findings		Date	Findings		Date	Findings
Bilirubin			Urea			Hb		
Total Protein			Creatinine			TLC		
Albumin			Na/Sodium			Platelet		
Alkaline phosphate			Potassium			PT		
AST			Chloride			INR		
ALT			<b>TUMOR MARKER</b>					
GGT			AFP			Ca-125		
			CEA			Ca-19.9		

**VIRAL MARKER**

	Date	Findings		Date	Findings		Date	Findings
HBsAg			HAVIgG			HAVIgM		
HBVIgM			HDV			HBeAg		
HBV DNA			HBcAg			Anti-HCV		
HCV-RNA			HIV			Anti-HBS		
Others								

**PROCEDURE TYPE:** FNA: Yes/ No [if yes: Impression \_\_\_\_\_]

Biopsy type: \_\_\_\_\_ Size: \_\_\_\_\_

**SPECIMEN TYPE:** Explant Liver/ Hepatectomy - Left/ Right/ Whipple/ Others: \_\_\_\_\_

**PRESENCE OF TUMOUR:** Yes/ No [if yes, mention site: \_\_\_\_\_ Size: \_\_\_\_\_ Segment: \_\_\_\_\_]

**PROCEDURE:**

Greatest dimension (mm)		Additional dimensions (mm)	
Histological grade		Histological Type	
<b>Necrosis:</b> Present / Absent	<b>Lymphovascular Emboli:</b> Present / Absent	<b>Margins:</b> Free / Involved	

