

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



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ANNOTATION FORM - LIVER DISEASE

Biobank ID:	UHID:	Name: _			Age:	
Gender: Male/Female/Others	Marital Status: Mai	rried/ Unmarri	ed/Divorce	d Height	t:cm	
Weight:kg BMI:	Waist circumference	e:cm	Pulse/min	ı:	BP (mmHg):	
Address:						
			_ E-mai	l:		
Provisional Diagnosis:		Cli	nical Diagn	nosis:		
Final Diagnosis:						
Project Name:						
Institution/ Doctor/ PI Name:						
SAMPLE COLLECTION Date:	Procedure:					
Types of Tissue:	Collected / Not collected	ed /N.A	Tumour /	Adjacent Normal Tissue		
Date & Time of resection:	Date & Time of receiving	ng in	Temperature in which transported:			
Date & Time of resection.	Pathology:	ilg iii	remperature in which transported.			
Collected by: Date/ Time/ Signature	Received by: Date/ Tin	ne/ Signature	Pathologist:			
Observations:	Received by (biobank):	: Date/ Time/	Other rem	narks:		
	Signature					
Blood sample: Collected/Not collected	d Collected by:	Date/Time/ Sig	nature	Con	tainer 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/ [
Final processed sample required: Ser	um / Plasma / PBMC / R	NA / DNA / SN	P tissue/ tis	sue in RNA	later/ FFT/ Other	
SAMPLE COLLECTED	SAMPLE SUBMITTE	D IN NLDB	SAME	PLE OWNE	ED BY PI/STUDENT	
	Quantity	of vial/tube				
CICNATURE	1		'			
SIGNATURE PI/Student/Researcher		Manager, B	iobank			
1 4 octaony resourcher		i lanager, D	- CDUIN			

CLINICAL ANNOTATION HAI **Fibrosis** Type Etiology (0-18)(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 If Yes mention types: A/ E, Drug Induced/ AIH/ Indeterminate/ EBV/ Acute Liver failure Cytomegalovirus/ Herpes virus/ Other Autoimmune If Yes Types: AIH/ PBC/ PSC/ Overlap syndrome/ IgG4 related Liver disease Vascular NCPH(f)/ Budd-Chiari (HVOTO)/ EHPVO / Nodular regenerative Hyper hyperplasia/ Others Portal vein thrombosis Acute/ Chronic/ In cirrhosis/ In non-cirrhotic HCC/ Cholangio/ HCC-CC/ Fibrolamellar HCC/ Hemangiosarcoma and Angiosarcoma/ Hepatoblastoma/ Other Primary liver malignancy 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: APRI Non-invasive tests: Dexa CAP Liver Stiffness Severity & Score of Complication: CTP MELD MELDNA 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 Cancer Others: DEDCONAL HISTORY

FERSONAL MISTORY.						
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						
Treater date / Briver / Horief Gardie						

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

KADIOLOGICA	AL ANI														
		Date of	test	Fine	dings										
Ultrasound															
Fibro scan *if	any														
MRI, MRA, M	RCP														
CT Abdomen															
FDG-PET Sca	n														
Chest CT sca	n														
Bone Scan															
Chest X-ray															
Dexa															
Biopsy				HA]	<u>[</u>	FIB		IMP:							
LIVER FUNCT	ION TE	ST		•	К	IDNEY	FUNC	TION TE	ST			HAEMA [.]	TOLOGY		
		Date		Find				Date		Find			Dat		Findings
Bilirubin						Urea						Hb			
Total Protein						Creati						TLC			
Albumin						Na/Sc						Platele	<u>t</u>		
Alkaline phos	phate					Potas						PT			
AST ALT						Chlori TUMO		DVED				INR			
GGT						AFP	/K MA	KKEK				Ca-12	5		
GGT						CEA					Ca-123				
VIRAL MARKE							,								
	Date		Findin	gs			Date	e	Find	ings			Date		Findings
HBsAg					HAVI	gG			-		HAV				
HBVIgM HBV DNA					HDV HBcA	<u> </u>			+		HBe.	Ag -HCV	+		
HCV-RNA					HIV	9					1	-HBS	-		
Others					1111				1		71110	1100			
PROCEDURE 1	YPE: F	NA: Yes	/ No [if	yes:	Impre	ession_]
Biopsy type: _					S	ize:				_					
SPECIMEN TY	<u>PE:</u> Ex	plant Liv	er/ Hep	atec	tomy -	Left/ F	Right/	Whipple,	/ Othei	rs:		· · · · · · · · · · · · · · · · · · ·			
PRESENCE OF	TUMO	UR: Yes	/ No [if	yes,	menti	on site	:			Siz	œ:		_ Segme	nt:]
PROCEDURE:							-								
Greatest dim		(mm)						Addition			ıs (mr	n)			
Histological g			-					Histolog							
Necrosis: Pre	sent /	Absent	Lymph	าดงลร	scular	<u>Emboli</u>	Pres	ent / Abs	ent	Margii	ns: Fr	ee / Inv	olved		

FOCALITY:					
Distance closest margin:mm	Specify Margin				
Cystic duct margin: Uninvolved / Involved	Perineural inva	sion: Not identified / Present	t / Indeterminate		
Lymph-vascular invasion: Not identified / Pro	esent / Indeterm	inate			
Liver tissue (non-neoplastic):	· · · · · · · · · · · · · · · · · · ·				
Pathological diagnosis:					
Staging of fibrosis:					
Additional Pathological Findings: Lymph No	ode (LN) Samplir	ıg:			
LN Status: Positive / Negative	No of LNs exan	nined:			
No of LNs involved:	Size of largest	LN:			
Extra capsular extension: Present / Absent	Metastasis:				
Pathological Staging:	pT	pN	M		
Surgical stage grouping:	IA / IB / II / II	IA / IIIB / IVA / IVB			
Additional Genetic Findings:					
<u>Molecular Defects</u>					
KRAS: Positive / Negative / Not done		EGFR: Positive / Negative /	Not done		
BRAF: Positive / Negative / Not done		HER2: Positive / Negative /	Not done		
P13k/AKT: Positive / Negative / Not done		B-Catanine: Positive / Nega	ative / Not done		
TERT: Positive / Negative / Not done		P53: Positive / Negative / N	Not done		
AXIN-1: Positive / Negative / Not done AXIN-2: Positive / Negative / Not done					
ARID 1-A: Positive / Negative / Not done	ARID 1-B: Positive / Negative / Not done				

STORAGE

TATA Box: Positive / Negative / Not done

Biobank Sample ID No.	Sample type	Location		Stored by/ Date & Time
		EQP.ID:		
		Self No:	Rack No:	
		Box No:	Well No:	
		EQP.ID:		
		Self No:	Rack No:	
		Box No:	Well No:	
		EQP.ID:		
		Self No:	Rack No:	
		Box No:	Well No:	
		EQP.ID:		
		Self No:	Rack No:	
		Box No:	Well No:	
		EQP.ID:		
		Self No:	Rack No:	
		Box No:	Well No:	
		EQP.ID:		
		Self No:	Rack No:	
		Box No:	Well No:	

PNPLA3: Positive / Negative / Not done