NASH 05

Madrigal Pharmaceuticals

Referral Form (utilized by lead PI, Dr Stephen Harrison)

Protocol MGL-3196-05

Patient's Name: _____ **Date of Birth:** _____

Contact Email: _____ **Contact Phone:** _____

Please select the following items that apply to this patient:

- ☐ DM HgbA1c <9.6
- ☐ Obesity
- ☐ HTN
- ☐ Post-menopausal
- ☐ Hispanic
- ☐ AST >40
- ☐ HgbA1c ≥5.8
- ☐ >2-3 drinks per day (males) or >1-2 drinks current day (females)
- ☐ Positive history of ETOH abuse
- ☐ Imaging showing hepatic steatosis
  - ☐ US
  - ☐ CT
  - ☐ MRI

Please answer one or more of the following:

		YES	NO
1	Is the NAFLD Fibrosis Score ≥-1.455? CLICK HERE FOR NFS CALCULATOR (http://nafldscore.com/)	☐	☐
2	Is the FIB-4 ≥1.3? CLICK HERE FOR FIB-4 CALCULATOR (http://www.hepatitisc.uw.edu/page/clinical-calculators/fib-4)	☐	☐
3	Is the APRI ≥0.5? CLICK HERE FOR APRI CALCULATOR (http://www.hepatitisc.uw.edu/page/clinical-calculators/apri)	☐	☐
4	Is the fibroscan >7 KPA? >270 CAP?	☐	☐
5	Has a liver biopsy been performed?	☐	☐

With your referral, please send all relevant information including:

- medical history,
- recent consultation,
- medications,
- labs,
- imaging, and
- liver biopsy.

We appreciate your referral!

Referring Provider: _____ **Referring Provider Phone:** _____

Please fax or email the completed form to:

CRC Name: _____ **CRC Phone:** _____

CRC Email: _____ **CRC Fax:** _____