

FibroMAX prescription

Physician stamp

Patient name and surname

Birth date

Sex

Weight

Height

1. Blood sample assessments

- Alpha2-Macroglobulin
- Haptoglobin
- Apolipoprotein A1
- Bilirubin
- GGT
- ALT
- AST
- Cholesterol
- Triglycerides
- Fasting glucose

2. Supply Weight (kg) and Height (m)

3. Mention clinical background:

- Unknown,
- B or C hepatitis,
- Metabolic diseases or
- Excessive alcohol intake

4. Ask for the FibroMAX calculation.

IMPORTANT: please don't forget to mention patient's birthdate, sex, weight and height.

Please log on www.biopredictive.com for information regarding **FibroMAX** world wide user laboratories.

