LIVERSTAt® TESTING RELEASE

PATIENT CONTACT INFORMATION

Patient Last Name:_____ First Name:_____ Date of Birth:_____

Address:_____ City:_____ State:_____ Zip:_____

Phone #:_____ Email:_____

DEMOGRAPHIC INFORMATION *(check all that apply)*

Birth Sex: ☐ Female ☐ Male ☐ Intersex

Race: ☐ White ☐ Black/African American ☐ Asian ☐ Hawaiian/Pacific Islander ☐ American Indian/Alaska Native ☐ Other:_____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Preferred Spoken Language: ☐ English ☐ Spanish ☐ Creole ☐ Portuguese ☐ Other: _____

Preferred Written Language: ☐ English ☐ Spanish ☐ Creole ☐ Portuguese ☐ Other: _____

HEALTH INFORMATION

Height: _____ft._____inches Weight: _____lbs.

Risk Factors: *(check all that apply)*
☐ BMI ≥30 ☐ Pre-Diabetes ☐ Diabetes ☐ High Blood Pressure ☐ High Cholesterol ☐ Elevated Triglycerides ☐ Metabolic Syndrome

How many alcoholic drinks have you had in the past 30 days?
☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21-25 ☐ 26+

What nicotine products have you used in the past 30 days?
☐ None ☐ Cigarettes ☐ Vape/E-Cigarette ☐ Cigar ☐ Chew/Smokeless ☐ Hookah ☐ Other:_____

RELEASE: I hereby authorize the drawing of a blood sample for the purpose of measuring 7 biomarkers and 4 anthropometrics for the purpose of using algorithm technology to determine the fibrosis, activity, and steatosis stages of my liver. My medical information and test results will be treated as confidential information in accordance with applicable Federal and State statutes, rules, and regulations. Appropriate American Liver Foundation and Links2Labs staff and representatives may review my records and information to verify the information collected and/or to provide information about additional treatment and providers that may be available to you. I have read, understood, and been given the opportunity to ask questions regarding this program & received a copy of this consent form. All of my questions have been satisfactorily answered and I do not have additional questions. I realize that the data obtained may be used in print, presentations, media, or grants but my name/contact information will never be used. I may revoke this consent in writing except that it shall not affect information that has previously been disclosed under this consent. Furthermore, I hereby release and forever discharge for myself, my heirs, executors, administrators and assignees, The American Liver Foundation and their past/current employees, past/current directors and past/current representatives and the lab partner, Links2Labs, from any and all claims, demands, actions and causes of action, which may result from participation in this program. By signing this consent form, I agree to be contacted by The American Liver Foundation for education and support services.

Patient Signature:_____ Date:_____

CLINIC INFORMATION

Clinic Name: _____

Clinic Address:_____ City:_____ State:_____ Zip:_____

Physician Name(s):_____ NPI #(s):_____