Use a keyword, test name or number

ASH FibroSure®

TEST: 550180

CPT: [MAAA: 0002M] or 82172; 82247; 82465; 82947; 82977; 83010; 83883; 84450; 84460; 84478

Synonyms	• Alcoholic Liver Disease • Noninvasive Liver Biopsy • Steatohepatitis
Special Instructions	**The patient's age, gender, height, and weight at the time of collection must be submitted for FibroSure® testing.**
Expected Turnaround Time	3 - 6 days Turnaround time is defined as the usual number of days from the date of pickup of a specimen for testing to when the result is released to the ordering provider. In some cases, additional time should be allowed for additional confirmatory or additional reflex tests. Testing schedules may vary.
Related Information	• Hepatitis C Virus (HCV) FibroSure® • NASH FibroSure®
Related Documents	• Sample Report

SPECIMEN REQUIREMENTS

Specimen	Serum
Volume	3.5 mL
Minimum Volume	2 mL

Container	Red-top tube or gel-barrier tube
Collection	Separate serum from cells within two hours of collection.
Storage Instructions	Specimen can be stored refrigerated at 2°C to 8°C for 72 hours and frozen at -70°C for seven days. Frozen samples are stable for one freeze/thaw cycle.
Patient Preparation	Patient should be **fasting** for at least eight hours.
Causes for Rejection	Gross hemolysis; gross lipemia; improper labeling; nonfasting specimen; patient **younger than** 14 years of age

TEST DETAILS

Use	This test is intended for noninvasive assessment of liver status in patients with alcoholic liver disease. Quantitative results of 10 biochemicals in combination with age, gender, height, and weight are analyzed using a computational algorithm to provide a quantitative surrogate marker (0.0-1.0) of liver fibrosis (Metavir F0-F4), hepatic steatosis (0.0-1.0, S0-S3), and alcoholic steatohepatitis (ASH) (0.0-1.0, H0-H3).
Limitations	ASH FibroSure® is recommended for patients with suspected alcoholic liver disease. It is not recommended for patients with other liver diseases. It is also not recommended in patients with Gilbert disease, acute hemolysis, acute hepatitis, acute inflammation of the liver, extrahepatic cholestasis, transplant patients, and/or renal insufficiency patients. Any of these clinical situations may lead to inaccurate quantitative predictions of fibrosis. This test was developed, and its performance characteristics determined, by LabCorp. It has not been cleared or approved by the US Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary.
References	Naveau S, Raynard B, Ratziu V, et al. Biomarkers for the prediction of liver fibrosis in patients with chronic alcoholic liver disease. *Clin Gastroenterol Hepatol.* 2005 Feb; 3(2):167-174. PubMed 15704051 Poynard T, Ratziu V, Naveau S, et al. The diagnostic value of biomarkers (SteatoTest) for the prediction of liver steatosis. *Comp Hepatol.* 2005 Dec 23; 4:10. PubMed 16375767 Thabut D, Naveau S, Charlotte F, et al. The diagnostic value of biomarkers (AshTest) for the prediction of alcoholic steatohepatitis in patients with chronic alcoholic liver disease. *J Hepatol.* 2006 Jun; 44(6):1175-1185. PubMed 16580087

CPT Statement/Profile Statement