



Enrollment Criteria (Pediatric)

Patient ID ___ - ___ ID ___ - ___

Date of Determination: **ERLDATE**

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|--|------------------------------|-----------------------------|
| 8. Malignancy or other significant medical or psychiatric illness which, in the opinion of a study physician, may interfere with participant treatment, assessment or compliance with the study protocol. EXMEDDX | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Previous liver or other organ transplantation including engrafted bone marrow transplant. ORGANTX | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Hematological abnormalities during the screening period that contraindicate full dosing with study drugs, e.g. absolute neutrophil count < 1.5 x 10 ⁹ cells/L or platelet count < 120 x 10 ⁹ cells/L. EXLAB | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Known allergy to study drugs; peginterferon alpha-2a or entecavir. EXALGY | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Treatment with systemic acyclovir or famciclovir within the previous 6 months. ACYTX | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Need for ongoing use of any antivirals with activity against HBV during the course of the study or history of receiving treatment for HBV. ANTIVTX | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Any use of illegal drugs OR use of alcoholic beverages which in the opinion of a study physician is sufficient to prevent adequate compliance with study procedures or increase the risk of pancreatitis or hepatotoxicity. EXALC | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. History of immunologically mediated disease (e.g. inflammatory bowel disease, idiopathic thrombocytopenic purpura, lupus erythematosus, autoimmune haemolytic anemia, scleroderma, severe psoriasis, rheumatoid arthritis). EXIMMDX | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. History or other evidence of bleeding from esophageal varices or consistent with decompensated liver disease. EXVARC | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. History or other evidence of chronic pulmonary disease associated with functional limitation. EXPULM | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. History of significant cardiovascular diseases. EXCARDV | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. History of severe seizure disorder or current anticonvulsant use. EXSZR | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. History of other evidence of severe retinopathy. EXRTN | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. History of thyroid disease poorly controlled on prescribed medications. Participants with elevated thyroid stimulating hormone concentrations with elevation of antibodies to thyroid peroxidase and any clinical manifestations of thyroid disease are excluded. EXTHY | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Concomitant use or use during ≤ 6 months prior to the first dose of study drug of anti-neoplastic, immunosuppressive, nephrotoxic or hepatotoxic medication, methadone, theophylline, or medications that may affect renal excretion or hepatic metabolism are not permitted. IMMTX | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Concomitant use of complementary or alternative medications purported to have antiviral activity. HERBAL | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. A participant may not be co-enrolled in another clinical trial where an investigational drug is administered. INVRX | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Any other condition or situation that, in the opinion of a study physician, would make the patient unsuitable for enrollment or could interfere with the patient participating in and completing the study? PIOTH If Yes, specify _____ PIOTHS | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the responses to all inclusion criteria are YES and all exclusion criteria are NO, the patient is eligible to participate in the Immune Tolerant Trial.

Is the patient eligible to participate in the Immune Tolerant trial? Yes No **ENROLLIT**

Investigator signature: _____

Data collector initials: **DCID**
Date data collection completed (mm/dd/yy): **DCM/DCD/DCY**