

<b>SPLIT</b>			
\$sitecode	User:	System Date:	Mode: Development
Site Name:			

## Autoimmune Hepatitis (AIH)

Version: 2.0; 11-30-07

1. Autoimmune hepatitis type ☐ No - 0 ☐ Yes - 1 ☐ Not done - 2

1 (AIHTYPE1)

*If yes, please answer the following:*

Autoantibodies (pre-transplant)

*\*For titers specify > or < only if the lab report specifies it, otherwise leave it blank.*

- a. ANA (AIHANA) ☐ ANA + ☐ ANA - ☐ Not Done

- b. ANA Titer ☐ No - 0 ☐ Yes - 1

available: (AIHATITE)

If yes, specify value and date: (AIHANAGL)

☐ < ☐ > (AIHANATI)1: \_\_\_\_\_ (xxxxx)  
 (AIHANADT) \_\_\_\_\_ (mm/dd/yyyy)

- c. ASM (AIHASHM) ☐ ASM + ☐ ASM - ☐ Not Done

- d. ASM Titer ☐ No - 0 ☐ Yes - 1

available: (AIHASTIT)

If yes, specify value and date: (AIHASHMGL)

☐ < ☐ > (AIHASHMTI)1: \_\_\_\_\_ (xxxxx)  
 (AIHASHDT) \_\_\_\_\_ (mm/dd/yyyy)

2. Autoimmune hepatitis type ☐ No - 0 ☐ Yes - 1 ☐ Not done - 2

2: (AIHTYPE2)

*If yes, please answer the following questions:*

Autoantibodies (pre-transplant):

- a. LKM1: (AIHLKM) ☐ LKM1 + ☐ LKM1 - ☐ Not Done

- b. LKM1 Date: (AIHLKMDT) \_\_\_\_\_ (mm/dd/yyyy)

- c. Other antibody: (AIHANTOT) ☐ No - 0 ☐ Yes - 1

3. Person completing form: (AIHCOMPL)

4. Date form completed: (AIHDTCOM) \_\_\_\_\_ (mm/dd/yyyy)

Comments: (AIHCOMMT)