



ChiLDReNLink: FORCE

**Eligibility FORCE**

**A: VISIT DATE**

A1	Participant Name:	_____	_____
		First Name	Last Name
A2	Medical Record Number:	_____	
A3	Visit Date:	____ / ____ / _____	

**B: INCLUSION CRITERIA**

B1	Which ChiLDReN study is primary study for this subject?	O BASIC → go to B2a	O LOGIC → go to B2b
		O PROBE → go to B2c	
You must enter a valid Study ID for the subject's primary study below:			
B2a	What is the subjects study ID in the BASIC study?	300 - _____ → go to B3	
B2b	What is the subject's study ID in the LOGIC study?	400 - _____ → go to B3	
B2c	What is the subject's study ID in the PROBE study?	600 - _____ → go to B3	
B3	Subject's diagnosis:	O ALGS	O BA O A1AT
B4	Date of birth	____ / ____ / _____	
B5	Gender	O Male	O Female
B6	Is the subject able to attend on and two year follow-up visits?	O No	O Yes

**C: EXCLUSION CRITERIA**

C1	Does the subject have BA with known polysplenia or asplenia?	O No	O Yes
C2	Does the subject have situs inversus?	O No	O Yes
C3	Does the subject have ascites that is detectable on physical examination?	O No	O Yes
C4	Does the subject have an open wound at site of scan?	O No	O Yes
C5	Does the subject have an active medical device, such as a pacemaker or defibrillator?	O No	O Yes

**C: EXCLUSION CRITERIA**

C6	Is the subject known to be currently pregnant?	<input type="radio"/> No	<input type="radio"/> Yes
C7	Did the research subject have a liver transplant?	<input type="radio"/> No (Pre-TX)	<input type="radio"/> Yes (Post-TX)
C8	Is the subject (parent or guardian) able to provide consent/assent?	<input type="radio"/> No	<input type="radio"/> Yes

**D: CONSENT**

D1	Has assent been obtained from the research subject? (Check NA if subject < age of assent or subject provides consent)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> NA
D2	Have the research subject or subject's parent(s)/guardian(s) provided informed written consent?	<input type="radio"/> No	<input type="radio"/> Yes	
D3	If you answered Yes to D2, you must include Consent Date below:	____ / ____ / _____		

**E: INVESTIGATOR SIGNATURE**

E1	Investigator Signed?	<input type="radio"/> No → <b>Done</b>	<input type="radio"/> Yes
E2	Date investigator signed	____ / ____ / _____	
E3	Investigator's Comments:		