Site/Study ID#: \_\_\_\_ / \_\_\_ Date of Interview: \_\_\_ / \_\_\_ / \_\_\_ Staff Initials: \_\_\_ \_

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## ChiLDReNLink: FORCE

Form 35 Final Status FORCE

B: FIN	AL SUBJECT STATUS			
B1a	Please identify the reason why the subject is leaving this study:	<ul> <li>O Transferred to another ChiLDReN site that is not participating in FORCE → complete B2a, B2b, B5, B6, and section G</li> <li>O Completed study → complete B1b and section G</li> <li>O Transferred to another ChiLDReN site that is participating in FORCE → complete B2a, B2b, and section G</li> <li>O Ineligible prior to start of study (was consented and then identified as ineligible → complete B1b, B3, and section G</li> <li>O Violated eligibility condition after start of study → complete B1b, B3, and section G</li> <li>O Investigator withdrew subject from study for reason other than eligibility → complete B1b, B4, B5, B6, and section G</li> <li>O Subject voluntarily withdrew from study → complete B1b, B4, B5, B6, and section G</li> <li>O Lost to follow-up → complete sections C, and G</li> <li>O Liver transplant since start of study → complete B1b, B5, B6, and section G</li> <li>O After start of study, the subject developed ascites that are detectable on physical exam → complete B1b, B5, B6, and section G</li> <li>O Recommended probe not available → complete B1b, B5, B6, and section G</li> <li>O Unsuccessful Baseline Exam on FibroScan machine: less than 10 valid measurements or median stiffness value greater than 30% of the interquartile range → complete B1b, B5, B6, and section G</li> </ul>		
-	selected "Death," "Lost to Follow-up," or "Tra n this form. Please fill out all available fields o	-	opportunity to enter the relevant dates	
B1b	What is the date the subject left the			
DID	study?	/		
B2a	Please specify the new site:	O Chicago O Denver O Pittsburgh O Houston O Indianapolis O Toronto O Los Angeles	O Cincinnati O Philadelphia O San Francisco O St. Louis University O Seattle O Salt Lake City O Atlanta	
B2b	Please specify the transfer date:	//		
B3	Please specify the condition causing ineligibility:			
B4	Please specify the reason for withdrawal:			
B5	Subject has requested removal of his/her information from the database:	O No	O Yes	

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B: FIN	AL SUBJECT STATUS				
B6	Subject has requested removal of his/ samples from the repository:	'her	O No	O Yes	

C: LOST TO FOLLOW-UP						
C1	Reason for loss to follow-up:	O Care transferred to a non-ChiLDReN center O Lost Contact O Other (specify):				
C2	Date of loss to follow-up:	/ /				
	ite of loss to follow-up is the date used to det ed against the site).	ermine visit compliance. Visits scheduled after this date will be removed (not				
If a sub	oject is lost to follow-up on a date within a vis	it window, you must mark that visit "Missed."				
To avoid visit compliance issues, enter the end-of-study dates as soon as you know the subject has left the study.						
C3	Date of last contact:	1 1				

Date of death:					
		/	/		
Cause of death:					
Assessed by PI to be directly related to underlying liver disease?		O No	(	) Yes	
Assessed by PI to be directly related to underlying cardiac disease?		O No	(	) Yes	
Complications present or treated at time of death (check all that apply):	<ul> <li>Varices</li> <li>Encephalopathy</li> <li>Pulmonary hypertension</li> <li>Intractable pruritus</li> </ul>	-		<ul> <li>Cholangitis</li> <li>Coagulopath</li> <li>GI Bleed</li> <li>Hepatopulm</li> <li>Hepatorenal</li> <li>Sepsis</li> </ul>	y onary syndrome
Autopsy performed:	O No	o → go to	G1	O Yes	
le the following measurements if follow-up for	rm was not Completed withi	n the pre	vious 2 mo	nths.	
Patient's weight:	O kgs	O lbs O Not I	O oz Done	O Missing	O Not Done
Patient's length:	O cm	O feet	O inches	O Missing	O Not Done
	Assessed by PI to be directly related to underlying liver disease? Assessed by PI to be directly related to underlying cardiac disease? Complications present or treated at time of death (check all that apply): Autopsy performed: e the following measurements if follow-up for Patient's weight:	Assessed by PI to be directly related to underlying liver disease? Assessed by PI to be directly related to underlying cardiac disease? Complications present or treated at time of death (check all that apply): Autopsy performed: e the following measurements if follow-up form was not Completed within Patient's weight: Patient's length: Patient's length: Assessed by PI to be directly related to underlying liver disease? None Assettes Failed hepatoportoenter Varices Failed hepatoportoenter Over Sector Sector Completed with Completed with Complete	Assessed by PI to be directly related to underlying liver disease? Assessed by PI to be directly related to underlying cardiac disease? Complications present or treated at time of death (check all that apply): Autopsy performed: the following measurements if follow-up form was not Completed within the pre Patient's weight: Patient's length: Construction of the directly related to underlying liver disease? Assessed by PI to be directly related to U No O Cm O feet	Assessed by PI to be directly related to underlying liver disease?       O No       O         Assessed by PI to be directly related to underlying cardiac disease?       O No       O         Complications present or treated at time of death (check all that apply):       O No       O         Patient's weight:       O No       O No       O         Patient's length:       O No       O No       O	Assessed by PI to be directly related to underlying liver disease?       O No       O Yes         Assessed by PI to be directly related to underlying cardiac disease?       O No       O Yes         Complications present or treated at time of death (check all that apply):       None       Failure to the Ascites       Coagulopath         Pulmonary hypertension       Hepatopulm       Platent's weight:       O No → go to G1       O Yes         Autopsy performed:       O No → go to G1       O Yes       O Yes         Patient's length:       —       O kgs       O lbs       O oz       O Missing

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G: INV	G: INVESTIGATOR SIGNATURE					
G1	Investigator Signed?	_	O No → Done	O Yes		
G2	Date investigator signed		//			