

B: FINAL SUBJECT STATUS

B6	Subject has requested removal of his/her samples from the repository:	O No	O Yes
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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:	____ / ____ / ____	

The date of loss to follow-up is the date used to determine visit compliance. Visits scheduled after this date will be removed (not counted against the site).

If a subject is lost to follow-up on a date within a visit 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:	____ / ____ / ____
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E: DEATH

E1	Date of death:	____ / ____ / ____	
E2	Cause of death:	_____	
E3	Assessed by PI to be directly related to underlying liver disease?	O No	O Yes
E4	Assessed by PI to be directly related to underlying cardiac disease?	O No	O Yes
E5	Complications present or treated at time of death (check all that apply):	<input type="checkbox"/> None <input type="checkbox"/> Ascites <input type="checkbox"/> Failed hepatopertoenterostomy <input type="checkbox"/> Varices <input type="checkbox"/> Encephalopathy <input type="checkbox"/> Pulmonary hypertension <input type="checkbox"/> Intractable pruritus <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Failure to thrive <input type="checkbox"/> Cholangitis <input type="checkbox"/> Coagulopathy <input type="checkbox"/> GI Bleed <input type="checkbox"/> Hepatopulmonary syndrome <input type="checkbox"/> Hepatorenal syndrome <input type="checkbox"/> Sepsis <input type="checkbox"/> Unknown
E11	Autopsy performed:	O No → go to G1	O Yes

Provide the following measurements if follow-up form was not Completed within the previous 2 months.

E12	Patient's weight:	____	O kgs	O lbs	O oz	O Missing	O Not Done
		____	O oz	O Not Done			
E13	Patient's length:	____	O cm	O feet	O inches	O Missing	O Not Done
		____	O inches	O Not Done			

G: INVESTIGATOR SIGNATURE

G1	Investigator Signed?	<input type="radio"/> No → Done <input type="radio"/> Yes _____
G2	Date investigator signed	____ / ____ / ____