

**Data Set Name: hbrn\_bcp.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	RECNUM	Num	8	11.	11.	Record Number
2	ID	Char	9	\$9.	\$9.	Patient ID
3	DOEDATE	Num	8	MMDDYY8.	DATETIME22.3	Date of Evaluation
4	PNUM	Num	8	6.	6.	Screening Log Page
5	LNUM	Num	8	6.	6.	Screening Log Line
6	STUDYID	Num	8	STUDYID.	11.	Current Study
7	FORMID	Char	10	\$10.	\$10.	Form Name
8	CBORN	Num	8	CNTRY.	6.	Patient Country of Birth Code
9	CBORNS	Char	50	\$50.	\$50.	Patient Country of Birth Name
10	CAMEUSM	Num	8	6.	6.	Month Patient Came to US or Canada
11	CAMEUSY	Num	8	6.	6.	Year Patient Came to US or Canada
12	ADOPT	Num	8	YN.	6.	Patient Adopted
13	ADOPTM	Num	8	6.	6.	Month of Adoption
14	ADOPTY	Num	8	6.	6.	Year of Adoption
15	ADOPTLV	Num	8	ADOPT.	6.	Living at Time of Adoption
16	ADOPTLVS	Char	30	\$30.	\$30.	Living at Time of Adoption: Specify Other
17	ADTDX	Num	8	ADTDX.	6.	Child Tested or Diagnosed in Country of Origin
18	ADOPTBDX	Num	8	YN.	6.	HBV Tested in Country of Origin
19	ADOPTBST	Num	8	YN.	6.	HBV Status Given to Adoptive Parents
20	CBORNM	Num	8	CNTRY.	6.	Birth Mother Country of Birth Code
21	CBORNMS	Char	50	\$50.	\$50.	Birth Mother Country of Birth Name
22	CBORNF	Num	8	CNTRY.	6.	Birth Father Country of Birth Code
23	CBORNFS	Char	50	\$50.	\$50.	Birth Father Country of Birth Name
24	EDCHILD	Num	8	EDCHILD.	6.	Highest Level of School Completed
25	EDCHILDS	Char	30	\$30.	\$30.	Highest Level of School Completed: Specify Other
26	INSMEDCD	Num	8	YN.	6.	Method of Insurance: Medicaid
27	INSMEDCR	Num	8	YN.	6.	Method of Insurance: Medicare
28	INSTRIC	Num	8	YN.	6.	Method of Insurance: Tricare
29	INSPRIV	Num	8	YN.	6.	Method of Insurance: Private
30	INSOTH	Num	8	YN.	6.	Method of Insurance: Other
31	INSNONE	Num	8	YN.	6.	Method of Insurance: None or Self Pay
32	INSPNTA	Num	8	YN.	6.	Method of Insurance: Prefer Not to Answer
33	INSHIP	Num	8	YN.	6.	Method of Insurance: CHIP
34	INSGOV	Num	8	YN.	6.	Method of Insurance: Government
35	PARC1	Num	8	CAREG.	6.	Parent or Caregiver 1
36	PARC2	Num	8	CAREG.	6.	Parent or Caregiver 2
37	PARC3	Num	8	CAREG.	6.	Parent or Caregiver 3

Num	Variable	Type	Len	Format	Informat	Label
38	PARCOM1	Char	30	\$30.	\$30.	Parent or Caregiver 1: Specify Other Male
39	PARCOM2	Char	30	\$30.	\$30.	Parent or Caregiver 2: Specify Other Male
40	PARCOM3	Char	30	\$30.	\$30.	Parent or Caregiver 3: Specify Other Male
41	PARCOF1	Char	30	\$30.	\$30.	Parent or Caregiver 1: Specify Other Female
42	PARCOF2	Char	30	\$30.	\$30.	Parent or Caregiver 2: Specify Other Female
43	PARCOF3	Char	30	\$30.	\$30.	Parent or Caregiver 3: Specify Other Female
44	PCEDUC1	Num	8	EDUC.	6.	Parent or Caregiver 1: Education Level
45	PCEDUC2	Num	8	EDUC.	6.	Parent or Caregiver 2: Education Level
46	PCEDUC3	Num	8	EDUC.	6.	Parent or Caregiver 3: Education Level
47	PCEDUCO1	Char	30	\$30.	\$30.	Parent or Caregiver 1: Education Level: Specify Other
48	PCEDUCO2	Char	30	\$30.	\$30.	Parent or Caregiver 2: Education Level: Specify Other
49	PCEDUCO3	Char	30	\$30.	\$30.	Parent or Caregiver 3: Education Level: Specify Other
50	PCWORK1	Num	8	WORK.	6.	Parent or Caregiver 1: Employment
51	PCWORK2	Num	8	WORK.	6.	Parent or Caregiver 2: Employment
52	PCWORK3	Num	8	WORK.	6.	Parent or Caregiver 3: Employment
53	PCWORKO1	Char	30	\$30.	\$30.	Parent or Caregiver 1: Employment: Specify Other
54	PCWORKO2	Char	30	\$30.	\$30.	Parent or Caregiver 2: Employment: Specify Other
55	PCWORKO3	Char	30	\$30.	\$30.	Parent or Caregiver 3: Employment: Specify Other
56	PARC2NA	Num	8	YN.	6.	Parent or Caregiver 2: N/A
57	PARC3NA	Num	8	YN.	6.	Parent or Caregiver 3: N/A
58	HXHBVM	Num	8	YN.	6.	Chronic Hepatitis in Family Members: Mother
59	HXHBVF	Num	8	YN.	6.	Chronic Hepatitis in Family Members: Father
60	HXHBVS	Num	8	YN.	6.	Chronic Hepatitis in Family Members: Siblings
61	HXHBVC	Num	8	YN.	6.	Chronic Hepatitis in Family Members: Children
62	HXHBVA	Num	8	YN.	6.	Chronic Hepatitis in Family Members: Aunts/Uncles
63	HXHBVG	Num	8	YN.	6.	Chronic Hepatitis in Family Members: Grandparents
64	HXADHB	Num	8	YN.	6.	Chronic Hepatitis in Adoptive Family Members
65	HXADHBM	Num	8	YN.	6.	Chronic Hepatitis in Adoptive Members: Mother
66	HXADHBF	Num	8	YN.	6.	Chronic Hepatitis in Adoptive Members: Father
67	HXADHBS	Num	8	YN.	6.	Chronic Hepatitis in Adoptive Members: Siblings
68	HXADHBC	Num	8	YN.	6.	Chronic Hepatitis in Adoptive Members: Children
69	HXADHBA	Num	8	YN.	6.	Chronic Hepatitis in Adoptive Members: Aunts/Uncles
70	HXADHBG	Num	8	YN.	6.	Chronic Hepatitis in Adoptive Members: Grandparents
71	HXHCCM	Num	8	YN.	6.	Liver Cancer in Family Members: Mother
72	HXHCCF	Num	8	YN.	6.	Liver Cancer in Family Members: Father
73	HXHCCS	Num	8	YN.	6.	Liver Cancer in Family Members: Siblings
74	HXHCCC	Num	8	YN.	6.	Liver Cancer in Family Members: Children
75	HXHCCA	Num	8	YN.	6.	Liver Cancer in Family Members: Aunts/Uncles
76	HXHCCG	Num	8	YN.	6.	Liver Cancer in Family Members: Grandparents

Num	Variable	Type	Len	Format	Informat	Label
77	HXVAC	Num	8	YN.	6.	Vaccination Status in Family Members
78	HXVACM	Num	8	YN.	6.	Vaccination Status in Family Members: Mother
79	HXVACF	Num	8	YN.	6.	Vaccination Status in Family Members: Father
80	HXVACS	Num	8	YN.	6.	Vaccination Status in Family Members: Siblings
81	HXVACC	Num	8	YN.	6.	Vaccination Status in Family Members: Children
82	HXVACA	Num	8	YN.	6.	Vaccination Status in Family Members: Aunts/Uncles
83	HXVACG	Num	8	YN.	6.	Vaccination Status in Family Members: Grandparents
84	HXADV	Num	8	YN.	6.	Vaccination Status in Adoptive Members
85	HXADVM	Num	8	YN.	6.	Vaccination Status in Adoptive Members: Mother
86	HXADV F	Num	8	YN.	6.	Vaccination Status in Adoptive Members: Father
87	HXADVS	Num	8	YN.	6.	Vaccination Status in Adoptive Members: Siblings
88	HXADV C	Num	8	YN.	6.	Vaccination Status in Adoptive Members: Children
89	HXADVA	Num	8	YN.	6.	Vaccination Status in Adoptive Members: Aunts/Uncles
90	HXADV G	Num	8	YN.	6.	Vaccination Status in Adoptive Members: Grandparents
91	HXDIAB	Num	8	YN.	6.	Diabetes in Family Members
92	HXDIABM	Num	8	YN.	6.	Diabetes in Family Members: Mother
93	HXDIABF	Num	8	YN.	6.	Diabetes in Family Members: Father
94	HXDIABS	Num	8	YN.	6.	Diabetes in Family Members: Siblings
95	HXDIABC	Num	8	YN.	6.	Diabetes in Family Members: Children
96	HXDIABA	Num	8	YN.	6.	Diabetes in Family Members: Aunts/Uncles
97	HXDIABG	Num	8	YN.	6.	Diabetes in Family Members: Grandparents
98	MXDIAB	Num	8	YN.	6.	Med Hx: Diabetes
99	MXANEM	Num	8	YN.	6.	Med Hx: Anemia
100	MXNEUT	Num	8	YN.	6.	Med Hx: Neutropenia
101	MXTHROM	Num	8	YN.	6.	Med Hx: Thrombocytopenia
102	MXCOAG	Num	8	YN.	6.	Med Hx: Coagulation abnormality
103	MXCYTP	Num	8	YN.	6.	Med Hx: Other Cytopenia
104	MXCYTPS	Char	20	\$20.	\$20.	Med Hx: Other Cytopenia: specify other
105	MXHCV	Num	8	YN.	6.	Med Hx: Infections: HCV
106	MXHDV	Num	8	YN.	6.	Med Hx: Infections: HDV
107	MXNASH	Num	8	YN.	6.	Med Hx: Other Liver Dis: Non-Alcoholic Fatty Liver
108	MXAUTO	Num	8	YN.	6.	Med Hx: Other Liver Dis: Autoimmune
109	MXMETAB	Num	8	YN.	6.	Med Hx: Genetic/Metabolic
110	MXGN	Num	8	YN.	6.	Med Hx: Glomerulonephritis
111	MXMAL	Num	8	YN.	6.	Med Hx: Malignancy (Other Than HCC)
112	MXMALS	Char	20	\$20.	\$20.	Med Hx: Malignancy: Specify Other
113	IMG	Num	8	YN.	6.	Imaging Performed
114	IMG M	Num	8	6.	6.	Imaging: Most Recent Test Month
115	IMG Y	Num	8	6.	6.	Imaging: Most Recent Test Year

Num	Variable	Type	Len	Format	Informat	Label
116	IMCT	Num	8	YN.	6.	Imaging: Tests Performed: CT
117	IMMRI	Num	8	YN.	6.	Imaging: Tests Performed: MRI
118	IMULT	Num	8	YN.	6.	Imaging: Tests Performed: Liver Ultrasound
119	IMPET	Num	8	YN.	6.	Imaging: Tests Performed: PET
120	IMPETCT	Num	8	YN.	6.	Imaging: Tests Performed: PET/CT
121	IMO	Num	8	YN.	6.	Imaging: Tests Performed: Other
122	IMOS	Char	30	\$30.	\$30.	Imaging: Tests Performed: Other Specify
123	IMREP	Num	8	YN.	6.	Imaging: Reports Available
124	IMNOD	Num	8	YN.	6.	Imaging: Results: Nodular Liver
125	IMABT	Num	8	YN.	6.	Imaging: Results: Abnormal Liver Texture
126	IMSTEAT	Num	8	YN.	6.	Imaging: Results: Changes Indicative of Steatosis
127	IMOTH	Num	8	YN.	6.	Imaging: Results: Other
128	IMOTHS	Char	30	\$30.	\$30.	Imaging: Results: Other Specify
129	LBX	Num	8	YN.	6.	Liver Biopsy
130	LBXM	Num	8	6.	6.	Liver Biopsy: Most Recent Biopsy Month
131	LBXY	Num	8	6.	6.	Liver Biopsy: Most Recent Biopsy Year
132	LBXSL	Num	8	YN.	6.	Liver Biopsy: Slides Requested
133	HXHCC	Num	8	YN.	6.	Liver Cancer in Family Members
134	TXHBV	Num	8	YN.	6.	Ever Received HBV Treatment
135	TXB1	Num	8	TXB.	6.	HBV Treatment: Antiviral Therapy 1
136	TXB2	Num	8	TXB.	6.	HBV Treatment: Antiviral Therapy 2
137	TXB3	Num	8	TXB.	6.	HBV Treatment: Antiviral Therapy 3
138	TXB4	Num	8	TXB.	6.	HBV Treatment: Antiviral Therapy 4
139	TXB5	Num	8	TXB.	6.	HBV Treatment: Antiviral Therapy 5
140	TXB6	Num	8	TXB.	6.	HBV Treatment: Antiviral Therapy 6
141	TXB1BM	Num	8	6.	6.	HBV Treatment: Month Started 1
142	TXB2BM	Num	8	6.	6.	HBV Treatment: Month Started 2
143	TXB3BM	Num	8	6.	6.	HBV Treatment: Month Started 3
144	TXB4BM	Num	8	6.	6.	HBV Treatment: Month Started 4
145	TXB5BM	Num	8	6.	6.	HBV Treatment: Month Started 5
146	TXB6BM	Num	8	6.	6.	HBV Treatment: Month Started 6
147	TXB1BD	Num	8	6.	6.	HBV Treatment: Day Started 1
148	TXB2BD	Num	8	6.	6.	HBV Treatment: Day Started 2
149	TXB3BD	Num	8	6.	6.	HBV Treatment: Day Started 3
150	TXB4BD	Num	8	6.	6.	HBV Treatment: Day Started 4
151	HGT	Num	8	32.2	32.2	Height
152	HINCM	Num	8	LENU.	6.	Height Unit
153	WGT	Num	8	32.2	32.2	Weight
154	WLBKG	Num	8	WTU.	6.	Weight Unit

Num	Variable	Type	Len	Format	Informat	Label
155	HBSAG	Num	8	PN.	6.	Serologies: HBsAg
156	HBSAGM	Num	8	6.	6.	Serologies: HBsAg Sample Month
157	HBSAGY	Num	8	6.	6.	Serologies: HBsAg Sample Year
158	HBEAG	Num	8	PN.	6.	Serologies: HBeAg
159	HBEAGM	Num	8	6.	6.	Serologies: HBeAg Sample Month
160	HBEAGY	Num	8	6.	6.	Serologies: HBeAg Sample Year
161	HBE	Num	8	PN.	6.	Serologies: Anti-HBe
162	HBEM	Num	8	6.	6.	Serologies: Anti-HBe Sample Month
163	HBEY	Num	8	6.	6.	Serologies: Anti-HBe Sample Year
164	HDV	Num	8	PN.	6.	Serologies: Anti-HDV
165	HDVM	Num	8	6.	6.	Serologies: Anti-HDV Sample Month
166	HDVY	Num	8	6.	6.	Serologies: Anti-HDV Sample Year
167	HCV	Num	8	PN.	6.	Serologies: Anti-HCV
168	HCVM	Num	8	6.	6.	Serologies: Anti-HCV Sample Month
169	HCVY	Num	8	6.	6.	Serologies: Anti-HCV Sample Year
170	HIV	Num	8	PN.	6.	Serologies: HIV
171	HIVM	Num	8	6.	6.	Serologies: HIV Sample Month
172	HIVY	Num	8	6.	6.	Serologies: HIV Sample Year
173	BGEN	Num	8	BGEN.	6.	HBV Genotype
174	BDNA	Num	8			Most Recent HBV DNA Level
175	BDNAM	Num	8	6.	6.	Most Recent HBV DNA Level Month
176	BDNAY	Num	8	6.	6.	Most Recent HBV DNA Level Year
177	WBC	Num	8	32.10	32.10	Labs: White Blood Cells (x103/mm3)
178	PLAT	Num	8	32.10	32.10	Labs: Platelets (x103/mm3)
179	HGB	Num	8	32.10	32.10	Labs: Hemoglobin (g/dL)
180	GGT	Num	8	32.10	32.10	Labs: GGT (IU/L)
181	HTC	Num	8	32.10	32.10	Labs: Hematocrit (%)
182	ALT	Num	8	32.10	32.10	Labs: ALT (IU/L)
183	AST	Num	8	32.10	32.10	Labs: AST (IU/L)
184	ALKP	Num	8	32.10	32.10	Labs: Alkaline Phosphatase (IU/L)
185	TBILI	Num	8	32.10	32.10	Labs: Total Bilirubin (mg/dL)
186	DBILI	Num	8	32.10	32.10	Labs: Direct Bilirubin (mg/dL)
187	IBILI	Num	8	32.10	32.10	Labs: Indirect Bilirubin (mg/dL)
188	ALB	Num	8	32.10	32.10	Labs: Albumin (g/dL)
189	TP	Num	8	32.10	32.10	Labs: Total Protein (g/dL)
190	CREAT	Num	8	32.10	32.10	Labs: Creatinine (mg/dL)
191	AFP	Num	8	32.10	32.10	Labs: Alpha-fetoprotein (ng/mL)
192	INR	Num	8	32.10	32.10	Labs: INR
193	DCID	Char	3	\$3.	\$3.	Data Collector Initials

Num	Variable	Type	Len	Format	Informat	Label
194	DCM	Num	8	6.	6.	Date Data Collection Completed Month
195	DCD	Num	8	6.	6.	Date Data Collection Completed Day
196	DCY	Num	8	6.	6.	Date Data Collection Completed Year
197	Submitted	Char	256	\$256.	\$256.	Submitted By
198	DEL	Num	8	YN.	6.	Deleted
199	ALTL	Num	8	32.10	32.10	Labs: ALT Normal Range Lower Level
200	ALTU	Num	8	32.10	32.10	Labs: ALT Normal Range Upper Level
201	CVERSION	Num	8	5.1	5.1	Form Version
202	OVERSION	Num	8	5.1	5.1	Old Form Version
203	INSOTHS	Char	30	\$30.	\$30.	Method of Insurance: Other Specify
204	HXHBV	Num	8	YN.	6.	Chronic Hepatitis in Family Members
205	MEDHX	Num	8	YN.	6.	Patient Currently Taking Medications
206	MEDIMM	Num	8	YN.	6.	Current Meds: Immunosuppressants
207	MEDBRON	Num	8	YN.	6.	Current Meds: Bronchodilators
208	MEDHIST	Num	8	YN.	6.	Current Meds: Antihistamines
209	MEDSEIZ	Num	8	YN.	6.	Current Meds: Anticonvulsants
210	MEDDIAB	Num	8	YN.	6.	Current Meds: Anti-diabetic Agents
211	MEDEST	Num	8	YN.	6.	Current Meds: Estrogen/Birth Control Pills
212	MEDOTH	Num	8	YN.	6.	Current Meds: Other Antivirals
213	MEDPAIN	Num	8	YN.	6.	Current Meds: Analgesic/Pain Medications
214	MEDFUNG	Num	8	YN.	6.	Current Meds: Antifungals
215	MEDACNE	Num	8	YN.	6.	Current Meds: Acne
216	MEDADHD	Num	8	YN.	6.	Current Meds: ADHD
217	MEDPSY	Num	8	YN.	6.	Current Meds: Antidepressant/Anxiolytic/Antipsychotic
218	MEDHERB	Num	8	YN.	6.	Currently Taking Herbs or Herbal Meds
219	MEDVIT	Num	8	YN.	6.	Currently Taking Vitamins or Minerals
220	VITMULT	Num	8	YN.	6.	Currently Taking Vit/Min: Multivitamin
221	VITD	Num	8	YN.	6.	Currently Taking Vit/Min: Vitamin D
222	VITE	Num	8	YN.	6.	Currently Taking Vit/Min: Vitamin E
223	VITFOL	Num	8	YN.	6.	Currently Taking Vit/Min: Folate
224	VITFE	Num	8	YN.	6.	Currently Taking Vit/Min: Iron
225	VITCA	Num	8	YN.	6.	Currently Taking Vit/Min: Calcium
226	VITOTH	Num	8	YN.	6.	Currently Taking Vit/Min: Other
227	WAIST	Num	8	32.2	32.2	Waist
228	WINCM	Num	8	LENU.	6.	Waist Unit
229	BPS	Num	8	6.	6.	Blood Pressure Systolic
230	BPD	Num	8	6.	6.	Blood Pressure Diastolic
231	PEJAU	Num	8	YN.	6.	Conditions: Jaundice
232	PETL	Num	8	YN.	6.	Conditions: Tender Liver

Num	Variable	Type	Len	Format	Informat	Label
233	PEEN	Num	8	YN.	6.	Conditions: Enlarged Liver
234	PESP	Num	8	YN.	6.	Conditions: Enlarged Spleen
235	PEEDMA	Num	8	YN.	6.	Conditions: Peripheral Edema
236	PEMW	Num	8	YN.	6.	Conditions: Muscle Wasting
237	PESA	Num	8	YN.	6.	Conditions: Spider Angiomata
238	PEPALM	Num	8	YN.	6.	Conditions: Palmer Erythema
239	MENM	Num	8	6.	6.	Menarche Month
240	MENY	Num	8	6.	6.	Menarche Year
241	PREGE	Num	8	YN.	6.	Ever Been Pregnant
242	PREGN	Num	8	YN.	6.	Pregnant Now
243	LMENM	Num	8	6.	6.	Last Menstrual Period Month
244	LMEND	Num	8	6.	6.	Last Menstrual Period Day
245	LMENY	Num	8	6.	6.	Last Menstrual Period Year
246	IMSPN	Num	8	YN.	6.	Imaging: Results: Enlarged Spleen
247	IMASC	Num	8	YN.	6.	Imaging: Results: Ascites
248	IMVEN	Num	8	YN.	6.	Imaging: Results: Venous Collaterals
249	TXB5BD	Num	8	6.	6.	HBV Treatment: Day Started 5
250	TXB6BD	Num	8	6.	6.	HBV Treatment: Day Started 6
251	TXB1BY	Num	8	6.	6.	HBV Treatment: Year Started 1
252	TXB2BY	Num	8	6.	6.	HBV Treatment: Year Started 2
253	TXB3BY	Num	8	6.	6.	HBV Treatment: Year Started 3
254	TXB4BY	Num	8	6.	6.	HBV Treatment: Year Started 4
255	TXB5BY	Num	8	6.	6.	HBV Treatment: Year Started 5
256	TXB6BY	Num	8	6.	6.	HBV Treatment: Year Started 6
257	TXB1EM	Num	8	6.	6.	HBV Treatment: Month Stopped 1
258	TXB2EM	Num	8	6.	6.	HBV Treatment: Month Stopped 2
259	TXB3EM	Num	8	6.	6.	HBV Treatment: Month Stopped 3
260	TXB4EM	Num	8	6.	6.	HBV Treatment: Month Stopped 4
261	TXB5EM	Num	8	6.	6.	HBV Treatment: Month Stopped 5
262	TXB6EM	Num	8	6.	6.	HBV Treatment: Month Stopped 6
263	TXB1ED	Num	8	6.	6.	HBV Treatment: Day Stopped 1
264	TXB2ED	Num	8	6.	6.	HBV Treatment: Day Stopped 2
265	TXB3ED	Num	8	6.	6.	HBV Treatment: Day Stopped 3
266	TXB4ED	Num	8	6.	6.	HBV Treatment: Day Stopped 4
267	TXB5ED	Num	8	6.	6.	HBV Treatment: Day Stopped 5
268	TXB6ED	Num	8	6.	6.	HBV Treatment: Day Stopped 6
269	TXB1EY	Num	8	6.	6.	HBV Treatment: Year Stopped 1
270	TXB2EY	Num	8	6.	6.	HBV Treatment: Year Stopped 2
271	TXB3EY	Num	8	6.	6.	HBV Treatment: Year Stopped 3

Num	Variable	Type	Len	Format	Informat	Label
272	TXB4EY	Num	8	6.	6.	HBV Treatment: Year Stopped 4
273	TXB5EY	Num	8	6.	6.	HBV Treatment: Year Stopped 5
274	TXB6EY	Num	8	6.	6.	HBV Treatment: Year Stopped 6
275	TXB1CUR	Num	8	YN.	6.	HBV Treatment: Currently On Therapy 1
276	TXB2CUR	Num	8	YN.	6.	HBV Treatment: Currently On Therapy 2
277	TXB3CUR	Num	8	YN.	6.	HBV Treatment: Currently On Therapy 3
278	TXB4CUR	Num	8	YN.	6.	HBV Treatment: Currently On Therapy 4
279	TXB5CUR	Num	8	YN.	6.	HBV Treatment: Currently On Therapy 5
280	TXB6CUR	Num	8	YN.	6.	HBV Treatment: Currently On Therapy 6
281	DXHBVM	Num	8	6.	6.	HBV Diagnosis Month
282	DXHBVY	Num	8	6.	6.	HBV Diagnosis Year
283	BLDTX	Num	8	YN.	6.	Ever Had a Blood Transfusion
284	BLDTXM	Num	8	6.	6.	First Blood Transfusion Month
285	BLDTXY	Num	8	6.	6.	First Blood Transfusion Year
286	RENDY	Num	8	YN.	6.	Ever Had Renal Dialysis
287	ORGTR	Num	8	YN.	6.	Ever Had Organ Transplant Other Than Liver
288	HOSP	Num	8	YN.	6.	Ever Work in Hosp or Health Care Setting
289	HOSPNS	Num	8	YN.	6.	Ever Work in Hosp: Needle Stick Occur
290	HOSPNSRC	Num	8	YN.	6.	Work in Hosp: Needle Stick: Source Pt HBV Pos
291	DRUGINJ	Num	8	YN.	6.	Ever Used Injection Drugs Except As Prescribed
292	DRUGINI	Num	8	YN.	6.	Ever Used Intra-nasal Illicit Drugs
293	BCOHAB	Num	8	YN.	6.	Ever Lived With Someone With HBV
294	PIERC	Num	8	YN.	6.	Ever Had a Body Piercing Other Than Ears
295	PIERCPRO	Num	8	YN.	6.	Ever Had a Body Piercing: Done by Professional
296	TAT	Num	8	YN.	6.	Ever Had a Tattoo
297	TATPRO	Num	8	YN.	6.	Ever Had a Tattoo: Done by Professional
298	ENDEM	Num	8	YN.	6.	Lived in Endemic Setting
299	SIBPOS	Num	8	YN.	6.	More Than 1 Sibling Positive
300	VERTRM	Num	8	YN.	6.	Birth Mother Diagnosed With HBV
301	HBS	Num	8	PN.	6.	Serologies: Anti-HBs
302	HBSM	Num	8	6.	6.	Serologies: Anti-HBs Sample Month
303	HBSY	Num	8	6.	6.	Serologies: Anti-HBs Sample Year
304	HBC	Num	8	PN.	6.	Serologies: HBc IgM
305	HBCM	Num	8	6.	6.	Serologies: HBc IgM Month
306	HBCY	Num	8	6.	6.	Serologies: HBc IgM Year
307	HAVAB	Num	8	PN.	6.	Serologies: Anti-HAV
308	HAVABM	Num	8	6.	6.	Serologies: Anti-HAV Month
309	HAVABY	Num	8	6.	6.	Serologies: Anti-HAV Year
310	BUNIT	Num	8	UNIT.	6.	Most Recent HBV DNA Level Method/Unit



<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
311	BDNALL	Num	8	32.10	32.10	Most Recent HBV DNA Level Lower Limit
312	LSAMPM	Num	8	6.	6.	Labs: Sample Month
313	LSAMPD	Num	8	6.	6.	Labs: Sample Day
314	LSAMPY	Num	8	6.	6.	Labs: Sample Year
315	WBCM	Num	8	6.	6.	Labs: White Blood Cells Sample Month
316	WBCD	Num	8	6.	6.	Labs: White Blood Cells Sample Day
317	WBCY	Num	8	6.	6.	Labs: White Blood Cells Sample Year
318	PLATM	Num	8	6.	6.	Labs: Platelets Sample Month
319	PLATD	Num	8	6.	6.	Labs: Platelets Sample Day
320	PLATY	Num	8	6.	6.	Labs: Platelets Sample Year
321	HGBM	Num	8	6.	6.	Labs: Hemoglobin Sample Month
322	HGBD	Num	8	6.	6.	Labs: Hemoglobin Sample Day
323	HGBY	Num	8	6.	6.	Labs: Hemoglobin Sample Year
324	HTCM	Num	8	6.	6.	Labs: Hematocrit Sample Month
325	HTCD	Num	8	6.	6.	Labs: Hematocrit Sample Day
326	HTCY	Num	8	6.	6.	Labs: Hematocrit Sample Year
327	GGTM	Num	8	6.	6.	Labs: GGT Sample Month
328	GGTD	Num	8	6.	6.	Labs: GGT Sample Day
329	GGTY	Num	8	6.	6.	Labs: GGT Sample Year
330	ALTM	Num	8	6.	6.	Labs: ALT Sample Month
331	ALTD	Num	8	6.	6.	Labs: ALT Sample Day
332	ALTY	Num	8	6.	6.	Labs: ALT Sample Year
333	ASTM	Num	8	6.	6.	Labs: AST Sample Month
334	ASTD	Num	8	6.	6.	Labs: AST Sample Day
335	ASTY	Num	8	6.	6.	Labs: AST Sample Year
336	ASTL	Num	8	32.10	32.10	Labs: AST Normal Range Lower Level
337	ASTU	Num	8	32.10	32.10	Labs: AST Normal Range Upper Level
338	ALKPM	Num	8	6.	6.	Labs: Alkaline Phosphatase Sample Month
339	ALKPD	Num	8	6.	6.	Labs: Alkaline Phosphatase Sample Day
340	ALKPY	Num	8	6.	6.	Labs: Alkaline Phosphatase Sample Year
341	ALKPL	Num	8	32.10	32.10	Labs: Alkaline Phosphatase Normal Range Lower Level
342	ALKPU	Num	8	32.10	32.10	Labs: Alkaline Phosphatase Normal Range Upper Level
343	TBILIM	Num	8	6.	6.	Labs: Total Bilirubin Sample Month
344	TBILID	Num	8	6.	6.	Labs: Total Bilirubin Sample Day
345	TBILY	Num	8	6.	6.	Labs: Total Bilirubin Sample Year
346	DBILIM	Num	8	6.	6.	Labs: Direct Bilirubin Sample Month
347	DBILID	Num	8	6.	6.	Labs: Direct Bilirubin Sample Day
348	DBILY	Num	8	6.	6.	Labs: Direct Bilirubin Sample Year
349	IBILIM	Num	8	6.	6.	Labs: Indirect Bilirubin Sample Month

Num	Variable	Type	Len	Format	Informat	Label
350	IBILID	Num	8	6.	6.	Labs: Indirect Bilirubin Sample Day
351	IBILIY	Num	8	6.	6.	Labs: Indirect Bilirubin Sample Year
352	ALBM	Num	8	6.	6.	Labs: Albumin Sample Month
353	ALBD	Num	8	6.	6.	Labs: Albumin Sample Day
354	ALBY	Num	8	6.	6.	Labs: Albumin Sample Year
355	TPM	Num	8	6.	6.	Labs: Total Protein Sample Month
356	TPD	Num	8	6.	6.	Labs: Total Protein Sample Day
357	TPY	Num	8	6.	6.	Labs: Total Protein Sample Year
358	CREATM	Num	8	6.	6.	Labs: Creatinine Sample Month
359	CREATD	Num	8	6.	6.	Labs: Creatinine Sample Day
360	CREATY	Num	8	6.	6.	Labs: Creatinine Sample Year
361	AFPM	Num	8	6.	6.	Labs: Alpha-fetoprotein Sample Month
362	AFPD	Num	8	6.	6.	Labs: Alpha-fetoprotein Sample Day
363	AFPY	Num	8	6.	6.	Labs: Alpha-fetoprotein Sample Year
364	INRM	Num	8	6.	6.	Labs: INR Sample Month
365	INRD	Num	8	6.	6.	Labs: INR Sample Day
366	INRY	Num	8	6.	6.	Labs: INR Sample Year
367	CSERP	Num	8	CONS.	6.	Consent Status: Serum and Plasma
368	CLIV	Num	8	CONS.	6.	Consent Status: Liver Tissue
369	CGEN	Num	8	CONS.	6.	Consent Status: Genetic Sample
370	CIMM	Num	8	CONS.	6.	Consent Status: Immunology
371	CLAB	Num	8	YN.	6.	Samples Obtained: Central Lab
372	NIDDKR	Num	8	YN.	6.	Samples Obtained: NIDDK
373	IMM	Num	8	YN.	6.	Samples Obtained: Immunology
374	NONE	Num	8	YN.	6.	Samples Obtained: None
375	GEN	Num	8	YN.	6.	Samples Obtained: Genetics
376	TANPHY	Num	8	TANNER.	6.	Tanner Stage: Physical Growth
377	TANPUB	Num	8	TANNER.	6.	Tanner Stage: Pubic Hair Growth
378	LANG	Num	8	YN.	6.	Patient Speak English
379	LANGO	Num	8	LANG.	6.	Patient Non-English Language
380	LANGOS	Char	30	\$30.	\$30.	Patient Non-English Language Specify Other
381	BASE	Num	8	YN.	6.	Baseline Visit Completed in One Visit
382	BASEM	Num	8	6.	6.	BL Evaluation Complete: Last Visit Month
383	BASED	Num	8	6.	6.	BL Evaluation Complete: Last Visit Day
384	BASEY	Num	8	6.	6.	BL Evaluation Complete: Last Visit Year
385	ANA	Num	8	PN.	6.	Serologies: ANA
386	ANAT	Num	8	32.10	32.10	Serologies: ANA Titer
387	ANAM	Num	8	6.	6.	Serologies: ANA Month
388	ANAY	Num	8	6.	6.	Serologies: ANA Year

Num	Variable	Type	Len	Format	Informat	Label
389	ASMA	Num	8	PN.	6.	Serologies: ASMA
390	ASMAT	Num	8	32.10	32.10	Serologies: ASMA Titer
391	ASMAM	Num	8	6.	6.	Serologies: ASMA Month
392	ASMAY	Num	8	6.	6.	Serologies: ASMA Year
393	ALKM	Num	8	PN.	6.	Serologies: ALKM
394	ALKMT	Num	8	32.10	32.10	Serologies: ALKM Titer
395	ALKMM	Num	8	6.	6.	Serologies: ALKM Month
396	ALKMY	Num	8	6.	6.	Serologies: ALKM Year
397	SAFAT	Num	8	NONEXT.	6.	Symptoms: Fatigue
398	SAPLIV	Num	8	NONEXT.	6.	Symptoms: Pain Over Liver
399	SANAU	Num	8	NONEXT.	6.	Symptoms: Nausea
400	SAAPP	Num	8	NONEXT.	6.	Symptoms: Poor Appetite
401	SAWGT	Num	8	NONEXT.	6.	Symptoms: Weight Loss
402	SAITCH	Num	8	NONEXT.	6.	Symptoms: Itching
403	SAIRR	Num	8	NONEXT.	6.	Symptoms: Irritability
404	SADEPR	Num	8	NONEXT.	6.	Symptoms: Depression/Sadness
405	SAJAU	Num	8	NONEXT.	6.	Symptoms: Jaundice
406	SAURN	Num	8	NONEXT.	6.	Symptoms: Dark Urine
407	UCWBC	Num	8	32.10	32.10	Labs: White Blood Cells Original Unconverted Value
408	UNWBC	Num	8	LUNIT.	6.	Labs: White Blood Cells Original Unit
409	UCPLAT	Num	8	32.10	32.10	Labs: Platelets Original Unconverted Value
410	UNPLAT	Num	8	LUNIT.	6.	Labs: Platelets Original Unit
411	UCHGB	Num	8	32.10	32.10	Labs: Hemoglobin Original Unconverted Value
412	UNHGB	Num	8	LUNIT.	6.	Labs: Hemoglobin Original Unit
413	UCGGT	Num	8	32.10	32.10	Labs: GGT Original Unconverted Value
414	UNGGT	Num	8	LUNIT.	6.	Labs: GGT Original Unit
415	UCHTC	Num	8	32.10	32.10	Labs: Hematocrit Original Unconverted Value
416	UNHTC	Num	8	LUNIT.	6.	Labs: Hematocrit Original Unit
417	UCALT	Num	8	32.10	32.10	Labs: ALT Original Unconverted Value
418	UNALT	Num	8	LUNIT.	6.	Labs: ALT Original Unit
419	UCALTL	Num	8	32.10	32.10	Labs: ALT Normal Range Lower Level Original Unconverted Value
420	UNALTL	Num	8	LUNIT.	6.	Labs: ALT Normal Range Lower Level Original Unit
421	UCALTU	Num	8	32.10	32.10	Labs: ALT Normal Range Upper Level Original Unconverted Value
422	UNALTU	Num	8	LUNIT.	6.	Labs: ALT Normal Range Upper Level Original Unit
423	UCAST	Num	8	32.10	32.10	Labs: AST Original Unconverted Value
424	UNAST	Num	8	LUNIT.	6.	Labs: AST Original Unit
425	UCASTL	Num	8	32.10	32.10	Labs: AST Normal Range Lower Level Original Unconverted Value
426	UNASTL	Num	8	LUNIT.	6.	Labs: AST Normal Range Lower Level Original Unit
427	UCASTU	Num	8	32.10	32.10	Labs: AST Normal Range Upper Level Original Uncorreted Value

Num	Variable	Type	Len	Format	Informat	Label
428	UNASTU	Num	8	LUNIT.	6.	Labs: AST Normal Range Upper Level Original Unit
429	UCALKP	Num	8	32.10	32.10	Labs: Alkaline Phosphatase Original Unconverted Value
430	UNALKP	Num	8	LUNIT.	6.	Labs: Alkaline Phosphatase Original Unit
431	UCALKPL	Num	8	32.10	32.10	Labs: Alkaline Phosphatase Normal Range Lower Level Original Unconverted Value
432	UNALKPL	Num	8	LUNIT.	6.	Labs: Alkaline Phosphatase Normal Range Lower Level Original Unit
433	UCALKPU	Num	8	32.10	32.10	Labs: Alkaline Phosphatase Normal Range Upper Level Original Unconverted Value
434	UNALKPU	Num	8	LUNIT.	6.	Labs: Alkaline Phosphatase Normal Range Upper Level Original Unit
435	UCTBILI	Num	8	32.10	32.10	Labs: Total Bilirubin Original Unconverted Value
436	UNTBILI	Num	8	LUNIT.	6.	Labs: Total Bilirubin Original Unit
437	UCDBILI	Num	8	32.10	32.10	Labs: Direct Bilirubin Original Unconverted Value
438	UNDBILI	Num	8	LUNIT.	6.	Labs: Direct Bilirubin Original Unit
439	UCIBILI	Num	8	32.10	32.10	Labs: Indirect Bilirubin Original Unconverted Value
440	UNIBILI	Num	8	LUNIT.	6.	Labs: Indirect Bilirubin Original Unit
441	UCALB	Num	8	32.10	32.10	Labs: Albumin Original Unconverted Value
442	UNALB	Num	8	LUNIT.	6.	Labs: Albumin Original Unit
443	UCTP	Num	8	32.10	32.10	Labs: Total Protein Original Unconverted Value
444	UNTP	Num	8	LUNIT.	6.	Labs: Total Protein Original Unit
445	UCCREAT	Num	8	32.10	32.10	Labs: Creatinine Original Unconverted Value
446	UNCREAT	Num	8	LUNIT.	6.	Labs: Creatinine Original Unit
447	UCAFP	Num	8	32.10	32.10	Labs: Alpha-fetoprotein Original Unconverted Value
448	UNAFP	Num	8	LUNIT.	6.	Labs: Alpha-fetoprotein Original Unit
449	EDT_DATE	Num	8	MMDDYY8.		Edit Date
450	LMENDATE	Num	8	MMDDYY8.		Date of Last Menstrual Period
451	TXB1BDATE	Num	8	MMDDYY8.		HBV Treatment: Start Date 1
452	TXB2BDATE	Num	8	MMDDYY8.		HBV Treatment: Start Date 2
453	TXB3BDATE	Num	8	MMDDYY8.		HBV Treatment: Start Date 3
454	TXB4BDATE	Num	8	MMDDYY8.		HBV Treatment: Start Date 4
455	TXB5BDATE	Num	8	MMDDYY8.		HBV Treatment: Start Date 5
456	TXB6BDATE	Num	8	MMDDYY8.		HBV Treatment: Start Date 6
457	TXB1EDATE	Num	8	MMDDYY8.		HBV Treatment: Stop Date 1
458	TXB2EDATE	Num	8	MMDDYY8.		HBV Treatment: Stop Date 2
459	TXB3EDATE	Num	8	MMDDYY8.		HBV Treatment: Stop Date 3
460	TXB4EDATE	Num	8	MMDDYY8.		HBV Treatment: Stop Date 4
461	TXB5EDATE	Num	8	MMDDYY8.		HBV Treatment: Stop Date 5
462	TXB6EDATE	Num	8	MMDDYY8.		HBV Treatment: Stop Date 6
463	LSAMPDATE	Num	8	MMDDYY8.		Labs: Sample Date

Num	Variable	Type	Len	Format	Informat	Label
464	WBCDATE	Num	8	MMDDYY8.		Labs: White Blood Cells Sample Date
465	PLATDATE	Num	8	MMDDYY8.		Labs: Platelets Sample Date
466	HGBDATE	Num	8	MMDDYY8.		Labs: Hemoglobin Sample Date
467	HTCDATE	Num	8	MMDDYY8.		Labs: Hematocrit Sample Date
468	GGTDATE	Num	8	MMDDYY8.		Labs: GGT Sample Date
469	ALTDATE	Num	8	MMDDYY8.		Labs: ALT Sample Date
470	ASTDATE	Num	8	MMDDYY8.		Labs: AST Sample Date
471	ALKPDATE	Num	8	MMDDYY8.		Labs: Alkaline Phosphatase Sample Date
472	TBILIDATE	Num	8	MMDDYY8.		Labs: Total Bilirubin Sample Date
473	DBILIDATE	Num	8	MMDDYY8.		Labs: Direct Bilirubin Sample Date
474	IBILIDATE	Num	8	MMDDYY8.		Labs: Indirect Bilirubin Sample Date
475	ALBDATE	Num	8	MMDDYY8.		Labs: Albumin Sample Date
476	TPDATE	Num	8	MMDDYY8.		Labs: Total Protein Sample Date
477	CREATDATE	Num	8	MMDDYY8.		Labs: Creatinine Sample Date
478	AFPCDATE	Num	8	MMDDYY8.		Labs: Alpha-fetoprotein Sample Date
479	INRDATE	Num	8	MMDDYY8.		Labs: INR Sample Date
480	BASEDATE	Num	8	MMDDYY8.		BL Evaluation Complete: Date of Last Visit
481	DCDATE	Num	8	MMDDYY8.		Date Data Collection Completed
482	wgtkg	Num	8			Weight KG
483	wgtlb	Num	8			Weight LB
484	hgtin	Num	8			Height IN
485	hgcm	Num	8			Height CM
486	siteid	Num	8	SITE.		Site
487	continp	Num	8	CONTIN.		Continent born patient
488	continm	Num	8	CONTIN.		Continent born mother
489	continf	Num	8	CONTIN.		Continent born father

**Data Set Name: hbrn\_bip.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	9	\$9.	\$9.	Patient ID
2	RECNUM	Num	8	11.	11.	Record Number
3	STUDYID	Num	8	STUDYID.	11.	Current Study
4	FORMID	Char	10	\$10.	\$10.	Form Name
5	Submitted	Char	256	\$256.	\$256.	Submitted By
6	DEL	Num	8	YN.	6.	Deleted
7	DOEDATE	Num	8	MMDDYY8.	DATETIME22.3	Date of Evaluation
8	CVERSION	Num	8	5.1	5.1	Form Version
9	OVERSION	Num	8	5.1	5.1	Old Form Version
10	PIID	Char	3	\$3.	\$3.	Physician Investigator Initials
11	HBDUR	Num	8	32.2	32.2	Estimated Duration of HBV Infection
12	HBDURT	Num	8	HBDURT.	6.	Estimated Duration of HBV Infection
13	SRCPI	Num	8	SRCPI.	6.	Presumed Source of Hepatitis B
14	SRCPIS	Char	50	\$50.	\$50.	Presumed Source of Hepatitis B: Other
15	HBSYMP	Num	8	HBSYMP.	6.	Symptomatic of Hepatitis B
16	HBPHY	Num	8	HBPHY.	6.	Phenotype
17	EDT_DATE	Num	8	MMDDYY8.		Edit Date
18	siteid	Num	8	SITE.		Site

**Data Set Name: hbrn\_bpp.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	9	\$9.	\$9.	Patient ID
2	RECNUM	Num	8	11.	11.	Record Number
3	STUDYID	Num	8	STUDYID.	11.	Current Study
4	FORMID	Char	10	\$10.	\$10.	Form Name
5	Submitted	Char	256	\$256.	\$256.	Submitted By
6	DEL	Num	8	YN.	6.	Deleted
7	DOEDATE	Num	8	MMDDYY8.	DATETIME22.3	Date of Evaluation
8	CVERSION	Num	8	5.1	5.1	Form Version
9	OVERSION	Num	8	5.1	5.1	Old Form Version
10	MARITAL	Num	8	MARITAL.	6.	Current Marital Status
11	INCOME	Num	8	INCOME.	6.	Total Annual Household Income
12	RACEW	Num	8	YN.	6.	Race: White
13	RACEB	Num	8	YN.	6.	Race: Black
14	RACEA	Num	8	YN.	6.	Race: Asian
15	RACEI	Num	8	YN.	6.	Race: American Indian Alaska Native
16	RACEH	Num	8	YN.	6.	Race: Hawaiian Pacific Islander
17	RACEO	Num	8	YN.	6.	Race: Other
18	RACEOS	Char	30	\$30.	\$30.	Race: Specify Other
19	HISP	Num	8	YN.	6.	Hispanic
20	SEX	Num	8	SEX.	6.	Gender
21	COMT	Num	8	YN.	6.	Form Complete Parent
22	COMC	Num	8	YN.	6.	Form Complete Coordinator
23	COMI	Num	8	YN.	6.	Form Complete Interpreter
24	COMF	Num	8	YN.	6.	Form Complete Family
25	COMO	Num	8	YN.	6.	Form Complete Other
26	EDT_DATE	Num	8	MMDDYY8.		Edit Date
27	siteid	Num	8	SITE.		Site
28	RACER	Num	8	YN.		Race: Prefer Not to Answer

**Data Set Name: hbrn\_cdc\_results.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
1	ID	Char	9	\$9.	\$9.	Patient ID
2	barcode	Char	10	\$10.	\$10.	Barcode
3	genotype	Char	8	\$4.	\$8.	
4	subgenotype	Char	8	\$8.	\$8.	Subgenotype
5	sdate	Num	8	MMDDYY8.	MMDDYY10.	Sample Date
6	ID_Tube	Char	9			
7	MassID	Char	8	\$8.	\$8.	
8	filedate	Char	8			Date of the file
9	barcode2	Char	10	\$10.	\$10.	Retest: barcode
10	genotype2	Char	8	\$4.	\$8.	Retest: genotype
11	subgenotype2	Char	8	\$8.	\$8.	Retest: subgenotype
12	sdate2	Num	8	MMDDYY8.		Retest: sample date
13	ID_Tube2	Char	9			Retest: ID Tube
14	MassID2	Char	8	\$8.	\$8.	Retest: MassID
15	filedate2	Char	8			Retest: Date of the file
16	new_ID	Char	9	\$9.	\$9.	New ID
17	sitetrans	Num	8			Patient transfered from another site
18	transdate	Num	8	MMDDYY8.		Date of transfer from another site



**Data Set Name: hbrn\_ecp.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	9	\$9.	\$9.	Patient ID
2	ERLDATE	Num	8	MMDDYY8.	DATETIME22.3	Date of Determination
3	RECNUM	Num	8	11.	11.	Record Number
4	DEL	Num	8	YN.	6.	Deleted
5	STUDYID	Num	8	STUDYID.	11.	Current Study
6	FORMID	Char	10	\$10.	\$10.	Form Name
7	Submitted	Char	256	\$256.	\$256.	Submitted By
8	INAGE	Num	8	YN.	6.	Between 6 Months and 18 Years of Age
9	INHBP	Num	8	YN.	6.	HBsAg Positive
10	LCCON	Num	8	YN.	6.	Provided Consent/Assent
11	EXHDC	Num	8	YN.	6.	History of Hepatic Decompensation
12	EXHCC	Num	8	YN.	6.	History of Hepatocellular Carcinoma
13	EXLTX	Num	8	YN.	6.	History of Solid Organ or Bone Marrow Tx
14	EXHIV	Num	8	YN.	6.	Known HIV Co-Infection
15	TXHBV	Num	8	YN.	6.	Current HBV Antiviral Therapy
16	TXIMM	Num	8	YN.	6.	Use of Chronic Immunosuppression Therapy
17	DCID	Char	3	\$3.	\$3.	Data Collector Initials
18	DCM	Num	8	6.	6.	Data Collection Completed Month
19	DCD	Num	8	6.	6.	Data Collection Completed Day
20	DCY	Num	8	6.	6.	Data Collection Completed Year
21	PCOMP	Num	8	YN.	6.	Unable/Unwilling to Return for Follow-up
22	LCOTH	Num	8	YN.	6.	In PI Opinion Unsuitable for Study
23	LCOTHS	Char	50	\$50.	\$50.	Specify Reason Unsuitable for Study
24	ENROLL	Num	8	YN.	6.	Eligible for Cohort Study
25	CVERSION	Num	8	5.1	5.1	Form Version
26	OVERSION	Num	8	5.1	5.1	Old Form Version
27	EDT_DATE	Num	8	MMDDYY8.		Edit Date
28	DCDATE	Num	8	MMDDYY8.		Date Data Collection Completed
29	siteid	Num	8	SITE.		Site

**Data Set Name: hbrn\_fep.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	9	\$9.	\$9.	Patient ID
2	DOEDATE	Num	8	MMDDYY8.	DATETIME22.3	Date of Evaluation
3	RECNUM	Num	8	11.	11.	Record Number
4	DEL	Num	8	YN.	6.	Deleted
5	STUDYID	Num	8	STUDYID.	11.	Current Study
6	FORMID	Char	10	\$10.	\$10.	Form Name
7	Submitted	Char	256	\$256.	\$256.	Submitted By
8	CVERSION	Num	8	5.1	5.1	Form Version
9	OVERSION	Num	8	5.1	5.1	Old Form Version
10	DEATH	Num	8	YN.	6.	Died
11	DODM	Num	8	6.	6.	Death Month
12	DODD	Num	8	6.	6.	Death Day
13	DODY	Num	8	6.	6.	Death Year
14	COD	Num	8	COD.	6.	Cause of Death
15	CODS	Char	50	\$50.	\$50.	Cause of Death: Other Specify
16	CODHBV1	Num	8	YN.	6.	Hepatitis B Primary Cause of Death
17	CODHBV2	Num	8	YN.	6.	Hepatitis B Contributing Cause
18	CODRX	Num	8	YN.	6.	Die of Complication of HBV Therapy
19	TRP	Num	8	YN.	6.	Liver Transplant
20	TRPM	Num	8	6.	6.	Liver Transplant Month
21	TRPD	Num	8	6.	6.	Liver Transplant Day
22	TRPY	Num	8	6.	6.	Liver Transplant Year
23	TRPRSN	Num	8	TRPRSN.	6.	Indication for Transplant
24	TRPRSNS	Char	50	\$50.	\$50.	Indication for Transplant: Other Specify
25	TRPHCC	Num	8	YN.	6.	Incidental HCC Found on Explant
26	HCC	Num	8	YN.	6.	Hepatocellular Carcinoma
27	HCCM	Num	8	6.	6.	HCC Diagnosis Month
28	HCCD	Num	8	6.	6.	HCC Diagnosis Day
29	HCCY	Num	8	6.	6.	HCC Diagnosis Year
30	HEPD	Num	8	YN.	6.	Hepatic Decompensation
31	HEPDM	Num	8	6.	6.	Hepatic Decompensation Diag Month
32	HEPDD	Num	8	6.	6.	Hepatic Decompensation Diag Day
33	HEPDY	Num	8	6.	6.	Hepatic Decompensation Diag Year
34	HEPDASC	Num	8	YN.	6.	Hep Decomp Evidence: Ascites
35	HEPDHYD	Num	8	YN.	6.	Hep Decomp Evidence: Hydrothorax
36	HEPDVB	Num	8	YN.	6.	Hep Decomp Evidence: Variceal Bleed

Num	Variable	Type	Len	Format	Informat	Label
37	HEPDBLD	Num	8	YN.	6.	Hep Decomp Evidence: Portal Hyp Bleed
38	HEPDENC	Num	8	YN.	6.	Hep Decomp Evidence: Encephalopathy
39	HEPDCTP	Num	8	YN.	6.	Hep Decomp Evidence: CTP 7 or Above
40	CIRR	Num	8	YN.	6.	Cirrhosis
41	CIRRM	Num	8	6.	6.	Cirrhosis Diagnosis Month
42	CIRRY	Num	8	6.	6.	Cirrhosis Diagnosis Year
43	CIRRBX	Num	8	YN.	6.	Cirrhosis Evidence: Liver Histology
44	CIRRASC	Num	8	YN.	6.	Cirrhosis Evidence: Ascites
45	CIRRHYP	Num	8	YN.	6.	Cirrhosis Evidence: Hepatic Hydrothorax
46	CIRRVB	Num	8	YN.	6.	Cirrhosis Evidence: Variceal Bleeding
47	CIRRBLD	Num	8	YN.	6.	Cirrhosis Evidence: Portal Hypert Bleed
48	CIRRENC	Num	8	YN.	6.	Cirrhosis Evidence: Encephalopathy
49	CIRRCTP	Num	8	YN.	6.	Cirrhosis Evidence: CTP 7 or Above
50	CIRRSP	Num	8	YN.	6.	Cirrhosis Evidence: Splenomegaly
51	CIRRNOD	Num	8	YN.	6.	Cirrhosis Evidence: Nodular Liver
52	CIRRPLT	Num	8	YN.	6.	Cirrhosis Evidence: Platelets < 120,000
53	SLOSS	Num	8	YN.	6.	HBsAg Loss
54	HBSFUM	Num	8	6.	6.	HBsAg First Undetected Month
55	HBSFUD	Num	8	6.	6.	HBsAg First Undetected Day
56	HBSFUY	Num	8	6.	6.	HBsAg First Undetected Year
57	HBSLPM	Num	8	6.	6.	HBsAg Last Positive Month
58	HBSLPD	Num	8	6.	6.	HBsAg Last Positive Day
59	HBSLPY	Num	8	6.	6.	HBsAg Last Positive Year
60	ELOSS	Num	8	YN.	6.	HBeAg Loss
61	HBEFUM	Num	8	6.	6.	HBeAg First Undetected Month
62	HBEFUD	Num	8	6.	6.	HBeAg First Undetected Day
63	HBEFUY	Num	8	6.	6.	HBeAg First Undetected Year
64	HBELPM	Num	8	6.	6.	HBeAg Last Positive Month
65	HBELPD	Num	8	6.	6.	HBeAg Last Positive Day
66	HBELPY	Num	8	6.	6.	HBeAg Last Positive Year
67	ALTF	Num	8	YN.	6.	ALT Flare
68	ALTFM	Num	8	6.	6.	ALT Flare Diagnosis Month
69	ALTFD	Num	8	6.	6.	ALT Flare Diagnosis Day
70	ALTFY	Num	8	6.	6.	ALT Flare Diagnosis Year
71	LTF	Num	8	YN.	6.	Patient No Longer Participating in Cohort
72	LTFM	Num	8	6.	6.	Last Contact Month
73	LTFD	Num	8	6.	6.	Last Contact Day
74	LTFY	Num	8	6.	6.	Last Contact Year
75	LTFR	Num	8	LTFR.	6.	Reason No Longer Participating

Num	Variable	Type	Len	Format	Informat	Label
76	LTFRS	Char	50	\$50.	\$50.	Reason No Longer Particip: Other Specify
77	DCID	Char	3	\$3.	\$3.	Data Collector Initials
78	DCM	Num	8	6.	6.	Date Data Collection Completed Month
79	DCD	Num	8	6.	6.	Date Data Collection Completed Day
80	DCY	Num	8	6.	6.	Date Data Collection Completed Year
81	EDT_DATE	Num	8	MMDDYY8.		Edit Date
82	DODDATE	Num	8	MMDDYY8.		Date of Death
83	TRPDATE	Num	8	MMDDYY8.		Date of Liver Transplant
84	HCCDATE	Num	8	MMDDYY8.		HCC Diagnosis Date
85	HEPDDATE	Num	8	MMDDYY8.		Hepatic Decompensation Diag Date
86	HBSFUDATE	Num	8	MMDDYY8.		Date HBsAg First Undetected
87	HBSLPDATE	Num	8	MMDDYY8.		Date HBsAg Last Positive
88	HBEFUDATE	Num	8	MMDDYY8.		Date HBeAg First Undetected
89	HBELPDATE	Num	8	MMDDYY8.		Date HBeAg Last Positive
90	LTFDATE	Num	8	MMDDYY8.		Date of Last Contact
91	ALTFDATE	Num	8	MMDDYY8.		ALT Flare Diagnosis Date
92	DCDATE	Num	8	MMDDYY8.		Date Data Collection Completed
93	siteid	Num	8	SITE.		Site

*Data Set Name: hbrn\_peds\_ages.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	9	\$9.	\$9.	Patient ID
2	age	Num	8	5.2		Age at enrollment (yrs)

**Data Set Name: hbrn\_slp.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	ID	Char	9	\$9.	\$9.	Patient ID
2	PNUM	Num	8	6.	6.	Page
3	LNUM	Num	8	6.	6.	Line
4	STUDYID	Num	8	STUDYID.	11.	Current Study
5	RECNUM	Num	8	11.	11.	Record Number
6	DEL	Num	8	YN.	6.	Deleted
7	FORMID	Char	10	\$10.	\$10.	Form Name
8	DOBY	Num	8	6.	6.	Birth Year
9	SCRSEX	Num	8	SEX.	6.	Gender
10	SCRPREG	Num	8	YN.	6.	Pregnant
11	SRACEW	Num	8	YN.	6.	Race: White
12	SRACEB	Num	8	YN.	6.	Race: Black
13	SRACEA	Num	8	YN.	6.	Race: Asian
14	SRACEI	Num	8	YN.	6.	Race: American Indian
15	SRACEH	Num	8	YN.	6.	Race: Native Hawaiian
16	SRACEO	Num	8	YN.	6.	Race: Other
17	SRACEOS	Char	30	\$30.	\$30.	Race: Other specify
18	Submitted	Char	256	\$256.	\$256.	Submitted By
19	CREAS	Num	8	CREAS.	6.	Cohort Reason Consent Not Obtained
20	CREASO	Char	30	\$30.	\$30.	Cohort Reason Consent Not Obtained: Specify Other
21	SCRM	Num	8	6.	6.	Screen Month
22	SCRY	Num	8	6.	6.	Screen Year
23	CONSM	Num	8	6.	6.	Consented Month
24	CONSD	Num	8	6.	6.	Consented Day
25	CONSY	Num	8	6.	6.	Consented Year
26	CVERSION	Num	8	5.1	5.1	Form Version
27	OVERSION	Num	8	5.1	5.1	Old Form Version
28	LIVTX	Num	8	YN.	6.	History of Liver Transplantation
29	HCC	Num	8	YN.	6.	History of HCC
30	HDC	Num	8	YN.	6.	History of Hepatic Decompensation
31	HIV	Num	8	YN.	6.	Known HIV Infection
32	ANTIV	Num	8	YN.	6.	Currently on Antiviral Therapy for HBV
33	CONS	Num	8	YN.	6.	Cohort Consent Obtained
34	ITCONS	Num	8	YN.	6.	IT Consent Obtained
35	ITCREAS	Num	8	CREAS.	6.	IT Reason Consent Not Obtained
36	ITCREASO	Char	30	\$30.	\$30.	IT Reason Consent Not Obtained: Specify Other

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
37	RESCR	Num	8	YN.	6.	Rescreen
38	EDT_DATE	Num	8	MMDDYY8.		Edit Date
39	CONSDATE	Num	8	MMDDYY8.		Date Consented
40	siteid	Num	8	SITE.		Site
41	SRACEU	Num	8	YN.		Race: Unknown
42	rescr_num	Num	8			Attached record number
43	rescr_seq	Num	8			Number of screens per ID

**Data Set Name: hbrn\_uwash\_results.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	cltest	Num	8	CLTESTREF.		TestName
2	StudyID	Char	10	\$9.	\$9.	
3	AliqNum	Char	10	\$10.	\$10.	Barcode
4	Result_date	Num	8	MMDDYY10.		
5	Result_time	Num	8	TIME5.		
6	Result	Char	35	\$18.	\$18.	
7	Result_N	Num	8			
8	AbnormalFlag	Char	1	\$1.	\$1.	
9	Units	Char	25	\$8.	\$8.	
10	RefRange	Char	50	\$14.	\$14.	
11	Comments	Char	250	\$90.	\$90.	
12	FileDate	Num	8	8.		
13	ID	Char	9	\$9.	\$9.	Patient ID
14	sdate	Num	8	MMDDYY8.	DATETIME22.3	STS: Sample Date
15	ship	Num	8	YN.	6.	STS: Sample Shipped
16	LabId	Num	8	LABID.	11.	STS: Shipped to
17	Select_Date	Num	8	MMDDYY10.	MMDDYY10.	Date sample selected
18	select	Num	8	SELECTED.	BEST32.	Sample selected for
19	cohort_tmpt	Num	8	TMPT.		
20	it_tmpt	Num	8	ITTMPT.		
21	ia_tmpt	Num	8	TMPT.		
22	siteid	Num	8	NEWSITE.		