



## Enrollment Criteria (Pediatric)

Patient ID \_\_\_ - \_\_\_ ID \_\_\_ - \_\_\_

Date of Determination: **ERLDATE**

### SECTION I: INCLUSION CRITERIA

		Yes	No
1. Patient at least 6 months and < 18 years of age	<b>INAGE</b>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hepatitis B surface antigen (HBsAg) positive	<b>INHBP</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. Parent/patient has provided written informed consent/assent	<b>LCCON</b>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION II: EXCLUSION CRITERIA

		Yes	No
1. History of hepatic decompensation	<b>EXHDC</b>	<input type="checkbox"/>	<input type="checkbox"/>
2. History of hepatocellular carcinoma	<b>EXHCC</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. History of solid organ or bone marrow transplant	<b>EXLTX</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. Known HIV co-infection	<b>EXHIV</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. Current antiviral therapy for hepatitis B (except pregnant women)	<b>TXHBV</b>	<input type="checkbox"/>	<input type="checkbox"/>
6. Use of chronic immunosuppression therapy	<b>TXIMM</b>	<input type="checkbox"/>	<input type="checkbox"/>
7. Unable or unwilling to return for routine follow-up	<b>PCOMP</b>	<input type="checkbox"/>	<input type="checkbox"/>
8. History or other evidence of severe illness or other medical or social condition that would make the patient, in the opinion of the investigator, unsuitable for the study? If Yes, specify _____	<b>LCOTH</b> <b>LCOTHS</b>	<input type="checkbox"/>	<input type="checkbox"/>

*If the responses to all inclusion criteria are YES and all exclusion criteria are NO, the patient is eligible to participate in the Cohort Study.*

Is the patient eligible to participate in the Cohort study?  Yes  No **ENROLL**

Data collector initials: \_\_\_ **DCID** \_\_\_

Date data collection completed (mm/dd/yy): **DCM/DCD/DCY**