



Follow-Up Events (Pediatric)

Patient ID ___ - ___ ID ___ - ___

Date of Form: **DOEDATE**

Instructions: Check all that apply to report events as they occur or as noted at the time of a protocol follow-up evaluation. Complete the corresponding event forms as appropriate.

- DEATH** Died, date of death (mm/dd/yy): **DODM / DODD / DODY**
- a) Cause of death (see codes): **_ COD _** if other or accidental, specify **_____ CODS _____**
- b) Was hepatitis B the primary cause of death? Yes No Unknown **CODHBV1**
- c) Was hepatitis B a contributing cause of death? Yes No Unknown **CODHBV2**
- d) Did the patient die as a complication of therapy of hepatitis B? Yes No Unknown **CODRX**
- TRP** Liver transplant, date of transplant (mm/dd/yy): **TRPM / TRPD / TRPY**
- a) Indication for transplant (see codes): **_ TRPRSN _** if other, specify **_____ TRPRSNS _____**
- b) Incidental HCC found on explant? Yes No Unknown **TRPHCC**
- (if Yes, report HCC below & Complete HCC form)**
- HCC** Hepatocellular carcinoma, date diagnosed (mm/dd/yy): **HCCM / HCCD / HCCY** (Complete HCC form)
- HEPD** Hepatic decompensation, date diagnosed (mm/dd/yy): **HEPDM / HEPDD / HEPDY**
- Evidence (check all that apply)
- Ascites **HEPDASC**
- Hepatic hydrothorax **HEPDHYD**
- Variceal bleeding **HEPDVB**
- Portal hypertensive bleeding **HEPDBLD**
- Hepatic encephalopathy **HEPDENC**
- CTP score 7 or above **HEPDCTP**
- CIRR** Cirrhosis, date diagnosed (mm/yy): **CIRRM / CIRRY**
- Evidence (check all that apply)
- Liver histology **CIRRBX**
- Ascites **CIRRASC**
- Hepatic hydrothorax **CIRRHYD**
- Variceal bleeding **CIRRVB**
- Portal hypertensive bleeding **CIRRBLD**
- Hepatic encephalopathy **CIRRENC**
- CTP score 7 or above **CIRRCTP**
- Splenomegaly (in the absence of other known cause) **CIRRSPL**
- Nodular liver (in the absence of other known cause) **CIRRNOD**
- Platelet count < 120,000 cells/mm³ (in the absence of other known cause) **CIRRPLT**
- SLOSS** HBsAg loss (Complete Special Visit form at 12 and 24 weeks following dx)
- a) Date HBs first undetected (mm/dd/yy): **HBSFUM / HBSFUD / HBSFUY**
- b) Date HBs last positive (mm/dd/yy): **HBSLPM / HBSLPD / HBSLPY**
- ELOSS** HBeAg loss (Complete Special Visit form at 12 and 24 weeks following dx)
- a) Date HBe first undetected (mm/dd/yy): **HBEFUM / HBEFUD / HBEFUY**
- b) Date HBe last positive (mm/dd/yy): **HBELPM / HBELPD / HBELPY**
- ALTF** ALT flare, date diagnosed (mm/dd/yy): **ALTFM/ALTFD/ALTFY** (Complete Special Visit and Flare Resolution forms)
- LTF** Patient no longer participating in cohort protocol, date of last contact (mm/dd/yy): **LTFM / LTFD / LTFY**
- Reason (see codes): **_ LTFR _** if other, specify **_____ LTFRS _____**

Data collector initials: **___ DCID ___**

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