

Screening Log

HBsAg Positive Patients Only and between 6 Months and < 18 Years of Age When Seen at Clinical Center

Line LNUM	Date Screened (mm/yy)	Year of Birth	Gender (Male/Female) If female, check box if pregnant	Race <i>Check all that apply</i>	Cohort Study Cohort Eligibility Criteria & Consent (Cohort, IT Trial)		Participant Information
					Check Yes, No, or Not Approached		
01	SCRM/ SCRY	DOBY	Gender: SCRSEX <input type="checkbox"/> Pregnant SCRPREG	<input type="checkbox"/> White SRACEW <input type="checkbox"/> Black SRACEB <input type="checkbox"/> Asian SRACEA <input type="checkbox"/> American Indian SRACEI <input type="checkbox"/> Native Hawaiian SRACEH <input type="checkbox"/> Other SRACEO Specify other: SRACEOS <input type="checkbox"/> Unknown SRACEU	History of hepatic decompensation HDC History of HCC HCC History of liver transplantation LIVTX Known HIV infection HIV Currently on antiviral therapy for HBV ANTIV Cohort consent and/or assent obtained? CONS If No, reason CREAS Other, specify CREASO IT Trial consent and/or assent obtained? ITCONS If No, reason ITCREAS Other, specify ITCREASO	Date consented CONSM/D/Y (first obtained) (mm/dd/yy) Patient ID ID <input type="checkbox"/> check if rescreen RESCR	
02	___/___	_____	Gender: M F <input type="checkbox"/> Pregnant	<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other Specify other: _____	History of hepatic decompensation Y N History of HCC Y N History of liver transplantation Y N Known HIV infection Y N Currently on antiviral therapy for HBV Y N Cohort consent and/or assent obtained? Y N N/A If No, reason ____ Other, specify _____ IT Trial consent and/or assent obtained? Y N N/A If No, reason ____ Other, specify _____	Date consented ___/___/___ (first obtained) (mm/dd/yy) Patient ID ____-____-____ <input type="checkbox"/> check if rescreen	
03	___/___	_____	Gender: M F <input type="checkbox"/> Pregnant	<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other Specify other: _____	History of hepatic decompensation Y N History of HCC Y N History of liver transplantation Y N Known HIV infection Y N Currently on antiviral therapy for HBV Y N Cohort consent and/or assent obtained? Y N N/A If No, reason ____ Other, specify _____ IT Trial consent and/or assent obtained? Y N N/A If No, reason ____ Other, specify _____	Date consented ___/___/___ (first obtained) (mm/dd/yy) Patient ID ____-____-____ <input type="checkbox"/> check if rescreen	
04	___/___	_____	Gender: M F <input type="checkbox"/> Pregnant	<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other Specify other: _____	History of hepatic decompensation Y N History of HCC Y N History of liver transplantation Y N Known HIV infection Y N Currently on antiviral therapy for HBV Y N Cohort consent and/or assent obtained? Y N N/A If No, reason ____ Other, specify _____ IT Trial consent and/or assent obtained? Y N N/A If No, reason ____ Other, specify _____	Date consented ___/___/___ (first obtained) (mm/dd/yy) Patient ID ____-____-____ <input type="checkbox"/> check if rescreen	

Reasons consent not obtained: 1=Refused, 2=Language barrier, 3=Unable to comply with follow-up, 4=Patient not approached, clinically ineligible, 6=Patient not approached, other, 8=Screening directly for trial, 9=Other