



Special Visit Form (Pediatric)

Patient ID ____ - __ ID ____ - ____

Date of Evaluation: **DOEDATE**

SECTION I: REASON FOR VISIT

Instructions: Record the reason the patient was brought in for evaluation. Check only one. **SVREAS**

- HBsAg loss
 HBeAg loss
 Liver biopsy
 ALT flare
 Acute hepatitis } If initial diagnosis, date of diagnosis or onset (mm/dd/yy): **DXM / DXD / DXY**
 Other liver-related _____ **LIVEROS**

SECTION II: SEROLOGIES

Instructions: Record the result for each. If a lab was not completed at the time of this evaluation, check "Not done".

	Positive	Negative	Equivocal	Not done
1. HBsAg HBSAG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HBeAg HBEAG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Anti-HBs HBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anti-HBe HBE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Anti-HDV HDV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Anti-HCV HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Anti-HAV IgM HAV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anti-HBc IgM HBC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III: VIROLOGY TESTS

1. HBV DNA level: __ **BDNA** __ Not Done Date (mm/yy): **BDNAM / BDNAY**
 Method/Unit: **BUNIT** IU/mL copies/mL Lower limit of detection: __ **BDNALL** __

SECTION IV: LABS

Instructions: Record the result for each. If a lab was not completed at the time of this evaluation, check "Not done".

			Not Done	
1. White blood cells	WBC	x10 ³ /mm ³	<input type="checkbox"/>	
2. Platelets	PLAT	x10 ³ /mm ³	<input type="checkbox"/>	
3. Hemoglobin	HGB	g/dL	<input type="checkbox"/>	
4. Hematocrit	HTC	%	<input type="checkbox"/>	
5. GGT	GGT	IU/L	<input type="checkbox"/>	
6. ALT	ALT	IU/L	<input type="checkbox"/>	ALT normal range: ALTL - ALTU
7. AST	AST	IU/L	<input type="checkbox"/>	AST normal range: ASTL - ASTU
8. Alkaline phosphatase	ALKP	IU/L	<input type="checkbox"/>	Alk P normal range: ALKPL - ALKPU
9. Total bilirubin	TBILI	mg/dL	<input type="checkbox"/>	
10. Direct bilirubin	DBILI	mg/dL	<input type="checkbox"/>	
11. Indirect bilirubin	IBILI	mg/dL	<input type="checkbox"/>	
12. Albumin	ALB	g/dL	<input type="checkbox"/>	
13. Total protein	TP	g/dL	<input type="checkbox"/>	
14. Creatinine	CREAT	mg/dL	<input type="checkbox"/>	
15. Alpha-fetoprotein	AFP	ng/mL	<input type="checkbox"/>	
16. INR	INR		<input type="checkbox"/>	



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SECTION V: SYMPTOMS

Check if section not completed **NOSYMP**

During the last month, how much has the patient been bothered by the following:

		None at all	A little bit	Moderately	Quite a bit	Extremely
Fatigue	SAFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain over liver	SAPLIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	SANAU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite	SAAPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight loss	SAWGT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Itching	SAITCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability	SAIRR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/sadness	SADEPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	SAJAU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dark urine	SAURN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION VI: EVALUATION ASSESSMENTS

Instructions: Record tests performed as part of this evaluation. Record the date that each assessment was performed as part of this evaluation.

1. Liver biopsy **EALB** Yes No Date **EALBM/D/Y** Complete Liver Biopsy form

NOTE: Complete the Flare Resolution form following resolution of flare.

SECTION VII: BIOSPECIMENS

1. Were serum/plasma samples obtained? Yes No **BIOSPEC**

If Yes, (check all that apply): NIDDK repository Genetics Immunology study Central testing lab

NIDDKR

GEN

IMM

CLAB

Data collector initials: ___ **DCID** ___

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