Special Visit Form (Pediatric)

General Instructions

The Special Visit Form is completed for any in-person evaluation that is performed in addition to, and at a time other than, the routine protocol evaluations.

Information for the diagnostic, serology, virology, and laboratory sections of the form should be obtained from the patient medical record.

Specific Instructions

Patient ID: Record the Patient ID in the top right hand corner of each page.

Date of Evaluation: Record the date (month/day/year) that corresponds to the special visit.

Section I: Reason for Visit

(1) Indicate the primary reason for the special visit evaluation. Check only one reason that is considered to be the primary reason the patient is in for an additional evaluation, regardless of the tests that may be performed as part of the special visit evaluation.
(2) If the visit is scheduled for an ALT flare or acute hepatitis and corresponds to the time of initial diagnosis, record the date (month/day/year) of diagnosis or onset. If any part of the date is unknown, record "Unk".

Section II: Serologies

Record the result for each serology test completed as part of the special visit evaluation. If a test was not completed as part of the special visit evaluation, check "Not done".

HBsAg:	Hepatitis B surface antigen
HBeAg:	Hepatitis B e antigen
Anti-HBs:	Antibody produced in response to Hepatitis B surface antigen
Anti-HBe:	Antibody produced in response to Hepatitis B e antigen
Anti-HDV:	Hepatitis delta antibody
Anti-HCV:	Hepatitis C antibody
Anti-HAV IgM:	Hepatitis A IgM antibody
Anti-HBc IgM:	Hepatitis B core IgM antibody

Section III: Virology Tests

HBV DNA level:

(1) Record the DNA level completed as part of the special visit evaluation. If the test is not performed as part of the special visit evaluation, check "Not done".
(2) Record the month and two digit year the sample was obtained. If the month is unknown, record "Unk" and provide the two digit year. If both month and year are unknown, record "Unk" for both month and year.
(3) Check "IU/mL" or "copies/mL" to indicate the unit of measure.
(4) Record the lower limit of detection for the test. If the lower limit of detection is not available or unknown, record "Unk".

Section IV: Labs

Record the result for each lab test performed as part of the special visit evaluation.

Lab results: Record the result of the lab test. If the lab test was not performed as part of the special visit evaluation, check "Not done".

ALT normal range: If ALT is completed, record the lower and upper reference range of normal.

AST normal range: If AST is completed, record the lower and upper reference range of normal.

Alkaline phosphatase normal range: If alkaline phosphatase is completed, record the lower and upper referencerange of normal.

Section V: Symptom Assessment

For each symptom, check one response to indicate the level at which the patient was bothered by the symptom during the past month. If the patient did not experience the symptom during the past month, check "None at all". If this section was not completed at the visit, check "section not completed".

Section VI: Evaluation Assessments

A number of assessments may be completed as part of a special visit evaluation, regardless of the primary reason for the evaluation. In this section indicate if a liver biopsy was completed as part of the special visit evaluation. Note that the Flare Resolution form is not listed in this section but the form must be completed at the time a flare is considered to be resolved.

Liver biopsy: Check "Yes" or "No" to indicate if a liver biopsy was completed as part of the special visit evaluation.

If yes,

i. Record the date (month/day/year) the liver biopsy was completed.
ii. Complete the Liver Biopsy Form.

Section VII: Biospecimens

Serum/plasma: Check "Yes" or "No" to indicate if the serum, plasma or immunology samples were obtained.

If yes, check "NIDDK Repository", "Genetics", "Immunology study", or "Central testing lab" to indicate which samples were obtained.