

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

For office use only.

LABS-2 Enrollment Form (EF) – Version: 6/30/2008 FORMV

Patient ID _____ - _____ - _____ **ID**

Form Completion Date __/__/20__
EFDAT mm dd yy

Certification number: _____ **CERT**

1. Consent to LABS 2: **CONS2**

0. No →

1.1 Reason for refusing or not enrolling (*check all that apply*):

- General lack of interest **LACK**
- Does not want to be bothered; follow-up too burdensome **NOBOTHER**
- Lack of trust (e.g. that personal information will remain confidential) **TRUST**
- Concerned that information provided will impact ability to have surgery **IMPACT**
- No perceived personal benefit from participating **NOBENE**
- Refused consent for blood draws **NOBLOOD**
- Less than 14 days notice to surgery **DAYSNOT**
- Unable to schedule baseline visit **UNSCHED**
- Unable to contact prior to surgery **UNCONT**
- Other **REFOTH** Specify: **REFOTHS**)
- Unknown **REFUNK**

If patient did not consent to LABS-2, answer only Questions 1 and 1.1. Do not continue.

1. Yes →

1.2 Date of consent: __/__/20__
DOC2DAT mm dd yy

2. Did the patient provide genetics consent?

CONSGEN

0. No →

2.1 Reason for refusing (*check all that apply*):

- General lack of interest in genetics research **GLACK**
- Does not want to provide additional samples **NOSMPL**
- Lack of trust (e.g. that genetics information will remain confidential). **GTRUST**
- No perceived personal benefit from participating **GNOBENE**
- Other **GREFOTH** (Specify: **GREFOTHS**)
- Unknown **GREFUNK**

1. Yes →

2.2 Date of consent: __/__/20__
GENCONS mm dd yy

3. Did the patient provide consent for a central pathologist to examine the clinically indicated liver biopsy? **PROVCON** 0. No 1. Yes