

A1. Site/Study ID #: _____ / G _____ A2. Visit Date: _____ / _____ / _____
Month Day Year A3. Staff Initials: _____
 To DCC

SECTION B: GENERAL INCLUSION/EXCLUSION CRITERIA

B1. Date of Birth: **ELG4B01MM V2(2)/ ELG4B01DD V2(2)/ ELG4B01YY V2(2)/ ELG4B01DT**
Month Day Year

B2. Suspected Disease: **ELG4B02 V2(3)**
 1. Bile Acid Synthesis and Metabolism Disorders.
 2. Progressive Familial Intrahepatic Cholestasis (PFIC)
 4. Alagille Syndrome (AGS)

GENERAL INCLUSION CRITERIA:

B3. Birth through 25 years at enrollment 1. Yes 2. No **ELG4B03 V2(3)**
 B8. Evidence of chronic liver disease. 1. Yes 2. No **ELG4B08 V2(3)**
 B9. Clinical suspicion of one of the CLiC cholestatic liver diseases,
 but participant does not meet full enrollment criteria. 1. Yes 2. No **ELG4B09 V2(3)**

GENERAL EXCLUSION CRITERIA:

B5. Inability to comply with follow-up 1. Yes 2. No **ELG4B05 V2(3)**
 B6. Failure to sign consent or HIPAA medical record release form 1. Yes 2. No **ELG4B06 V2(3)**

B7. Date consent form signed: **ELG4B07MM V2(2)/V ELGB407DD V2(2)/ ELGB407YY V2(4)/ ELGB407DT**
Month Day Year

SECTION G: SUMMARY

G1. Is the subject eligible? 1. Yes 2. No 3. Eligible by exemption **ELG4G1**

ELG4INSIG V2(3) **ELG4SIGMM V2(2)/ ELG4SIGDD V2(2)/ ELG4SIGYY V2(4)/ ELG4SIGDT**

Investigators Signature Date