

A1. Site/Study ID#: \_\_\_\_\_/G \_\_\_\_\_

A2. Visit Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

A3. Staff Initials: \_\_\_\_\_

To DCC

\*\*\*THIS FORM IS TO BE COMPLETED AT ENROLLMENT

**B01 B1.** Please identify the subject's primary diagnosis (*choose only one*):

- 1.  Alpha<sub>1</sub>-Antitrypsin deficiency
- 6.  Alagille syndrome

**B2.** List other diagnoses, (hepatic): (choose all that apply):

**B02A a.**  None – Go to B3

**B02B b.**  Hepatitis B

**B02C c.**  Hepatitis C

**B02D d.**  Cystic fibrosis

**B02E e.**  Other

**B02ASP** (Specify: \_\_\_\_\_)

**B3.** Other Diagnoses (non-hepatic):

**B031 1.**  Other

**B031SP** (Specify: \_\_\_\_\_)

**B032 2.**  Other

**B032SP** (Specify: \_\_\_\_\_)

**B033 3.**  Other

**B033SP** (Specify: \_\_\_\_\_)

**B034 4.**  Other

**B034SP** (Specify: \_\_\_\_\_)

**B035 5.**  Other

**B035SP** (Specify: \_\_\_\_\_)

**B036 6.**  Other

**B036SP** (Specify: \_\_\_\_\_)

**B0337 7.**  Other

**B037SP** (Specify: \_\_\_\_\_)

**B038 8.**  Other

**B038SP** (Specify: \_\_\_\_\_)

**B039 9.**  Other

**B039SP** (Specify: \_\_\_\_\_)

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**INSIG** Investigator/Coordinator Signature

Date (MM/DD/YYYY)

**SIGMM**

**SIGDD**

**SIGYY**

**SIGDT**

**COMMNT**