

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

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

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

To DCC

**THIS FORM IS TO BE COMPLETED IF THE DIAGNOSIS CHANGES.**

**DIA2AB01** B1. Please identify the subject's primary diagnosis (*choose only one*):

1.  Alpha1-Antitrypsin deficiency
2.  PFIC – Not specified
3.  PFIC 1 (FIC1 disease)
4.  PFIC 2 (BSEP disease)
5.  PFIC 3 (MDR3 disease)
6.  Alagille syndrome

**DIA2AB017SP** 7.  Other (Specify: \_\_\_\_\_)

**DIA2AB018** 8.  Bile acid synthesis disorder (check one square below)

1.  3 $\beta$ -Hydroxy-C27-steroid oxidoreductase deficiency (3HSD)
2.   $\Delta$ -3-Oxosteroid 5 $\beta$ -reductase deficiency (5 $\beta$ -reductase)
3.  27-hydroxylase deficiency (Cerebro-tendinous Xanthomatosis; CTX)
4.  Bile acid conjugation defects

**DIA2AB0185SP** 5.  Other bile acid synthesis defect (Specify: \_\_\_\_\_)

**DIA2AB019** 9.  BRIC (check one)

1.  BRIC – Not specified
2.  BRIC 1 (FIC1 disease)
3.  BRIC 2 (BSEP disease)
4.  BRIC 3 (MDR3 disease)

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

**DIA2AB02A** a.  None – Go to B3

**DIA2AB02B** b.  Hepatitis B

**DIA2AB02C** c.  Hepatitis C

**DIA2AB02D** d.  Cystic fibrosis

**DIA2AB02E** e.  Other

**DIA2AB02ESP** (Specify: \_\_\_\_\_)

B3. Other Diagnoses (non-hepatic):

**DIA2AB031** 1.  Other

**DIA2AB031SP** SP Specify: \_\_\_\_\_

**DIA2AB032** 2.  Other

**DIA2AB032SP** (Specify: \_\_\_\_\_)

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Month Day YearDIA2AB033 3.  Other

DIA2AB033SP (Specify: \_\_\_\_\_)

DIA2AB034 4.  Other

DIA2AB034SP (Specify: \_\_\_\_\_)

DIA2AB035 5.  Other

DIA2AB035SP (Specify: \_\_\_\_\_)

DIA2AB036 6.  Other

DIA2AB036SP (Specify: \_\_\_\_\_)

DIA2AB037 7.  Other

DIA2AB037SP Specify: \_\_\_\_\_

DIA2AB038 8.  Other

DIA2AB038SP (Specify: \_\_\_\_\_)

DIA2AB039 9.  Other

DIA2AB039SP (Specify: \_\_\_\_\_)

DIA2AINSIG Investigator/Coordinator Signature

Date (MM/DD/YYYY)

DIA2ASIGMM Month

DIA2ASIGDD Day

DIA2ASIGYY Year

DIA2ASIGDT Date

DIA2ACMMNT