

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

**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

**B02ESP** (Specify: \_\_\_\_\_)

B3. Other Diagnoses (non-hepatic):

**B031** 1.  Other

**B031SP** SP Specify: \_\_\_\_\_

**B032** 2.  Other

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

**B033** 3.  Othe

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

**B034** 4.  Other

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

**B035** 5.  Other

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

**B036** 6.  Other

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

**B037** 7.  Other

**B037SP** Specify: \_\_\_\_\_

**B038** 8.  Other

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

**B039** 9.  Other

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

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

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

To DCC

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

Investigator/Coordinator Signature

Date (MM/DD/YYYY)

**INSIG**

**SIGMM** Month

**SIGDD** Day

**SIGYY** Year

**SIGDT** Date

**CMMNT**