A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___ (Month / Day / Year) A3. Staff Initials:___ ___ ____

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8 11. ☐ Year 9 12. ☐ Year 10 To DCC ☐

A5. Were there any sentinel events during the past year? 1. ☐ Yes, If yes, please complete all that apply. 2. ☐ No – END

A6. If more than one form submitted, this is form ___ of ___.

SECTION B: SENTINEL EVENTS – THIS SECTION MAY BE REPEATED IF MORE THAN ONE EVENT

Please identify all of the sentinel events that the subject experienced DURING THE PAST YEAR. Please provide EITHER start and stop dates OR Duration of episode.

B1. Ascites 1. ☐ Yes 2. ☐ No – Go to B2

Details

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Ultrasound Confirmation	Interventions taken (check all that apply)
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		1. ☐ Yes 2. ☐ No	a. ☐ None b. ☐ Paracentesis c. ☐ Antibiotics d. ☐ Diuretics e. ☐ Albumin Infusion f. ☐ Other:_____
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		1. ☐ Yes 2. ☐ No	a. ☐ None b. ☐ Paracentesis c. ☐ Antibiotics d. ☐ Diuretics e. ☐ Albumin Infusion f. ☐ Other:_____

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

B2. Bacterial peritonitis 1. ☐ Yes 2. ☐ No – Go to B3

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Interventions Taken (check all that apply)
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		a. ☐ None b. ☐ Therapeutic Paracentesis c. ☐ Antibiotics d. ☐ Diuretics e. ☐ Other:_____
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		a. ☐ None b. ☐ Therapeutic Paracentesis c. ☐ Antibiotics d. ☐ Diuretics e. ☐ Other:_____

1. Culture

Date of Culture (mm/dd/yyyy)	Result	Organism Present (check all that apply)
___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Positive 2. ☐ Negative	a. ☐ Enterococcus b. ☐ Escherichia coli c. ☐ Klebsiella species d. ☐ Streptococcus species e. ☐ Staphylococcus species f. ☐ Other:_____

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Positive 2. ☐ Negative	a. ☐ Enterococcus b. ☐ Escherichia coli c. ☐ Klebsiella species d. ☐ Streptococcus species e. ☐ Staphylococcus species f. ☐ Other:_____

2. Ascites Fluid Analysis

Date of Analysis (mm/dd/yyyy)	Total white blood Cell count (ml)	Total neutrophil Count (ml)	Gram stain	Specify
___ ___ / ___ ___ / ___ ___ ___ ___			1. ☐ Positive 2. ☐ Negative	
___ ___ / ___ ___ / ___ ___ ___ ___			1. ☐ Positive 2. ☐ Negative	

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

B3. Bones 1. ☐ Yes 2. ☐ No – Go to B4

1. Fractures

Start Date (mm/dd/yyyy)	Ongoing?	Bone (specify)	Side	Interventions
___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		1. ☐ Right 2. ☐ Left	a. ☐ Casting or splinting
___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		1. ☐ Right 2. ☐ Left	a. ☐ Casting or splinting

2. Rickets

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Bones involved (specify)	Interventions (check all that apply)
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No			b. ☐ Calcium supplementation c. ☐ Vitamin D supplementation d. ☐ Bisphosphonate e. ☐ Other:_____
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No			b. ☐ Calcium supplementation c. ☐ Vitamin D supplementation d. ☐ Bisphosphonate e. ☐ Other:_____

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

B4. Cholangitis 1. ☐ Yes 2. ☐ No – Go to B5

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Interventions Taken (check all that apply)
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		a. ☐ None b. ☐ Antibiotics c. ☐ Other:_____
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		a. ☐ None b. ☐ Antibiotics c. ☐ Other: _____

B5. Chronic Diarrhea 1. ☐ Yes 2. ☐ No – Go to B6

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Watery	Bloody	Greasy	Infectious Etiology
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No 3. ☐ Specify: _____
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No 3. ☐ Specify: _____

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

B6. Coagulopathy 1. ☐ Yes 2. ☐ No – Go to B7

Start date (month and year) ___ ___ / ___ ___ ___ ___
Month Year

☐ Ongoing

Stop Date (month and year) ___ ___ / ___ ___ ___ ___
Month Year

a. Prothrombin time (maximal value): ___ ___ ___.___sec 88. ☐ ND

b. INR (maximal value): ___.___ ___ 88. ☐ ND

c. Partial thromboplastin time (PTT): ___ ___ ___.___sec 88. ☐ ND

d. Platelet count: ___ ___ ___ ___.___$10^3/mm^3$ 88. ☐ ND

e. Easy bruising: 1. ☐ Yes 2. ☐ No

f. Epistaxis: 1. ☐ Yes 2. ☐ No

g. Hematochezia: 1. ☐ Yes 2. ☐ No

h. Other source of bleeding: 1. ☐ Yes 2. ☐ No

i. Response to Vitamin K: 1. ☐ Yes 2. ☐ No 88. ☐ ND

j. Required red cell transfusion? 1. ☐ Yes 2. ☐ No

k. Required fresh frozen plasma or activated factor VII? 1. ☐ Yes 2. ☐ No

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

B7. Gallstones 1. ☐ Yes 2. ☐ No – Go to B8

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Symptomatic	Diagnosed By (check all that apply)	Cholecystectomy performed?
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		1. ☐ Yes 2. ☐ No	a. ☐ Ultrasound b. ☐ CT Scan c. ☐ MRCP d. ☐ At surgery e. ☐ Other (Specify: _____)	1. ☐ Yes 2. ☐ No
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		1. ☐ Yes 2. ☐ No	a. ☐ Ultrasound b. ☐ CT Scan c. ☐ MRCP d. ☐ At surgery e. ☐ Other (Specify: _____)	1. ☐ Yes 2. ☐ No

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

B8. GI Bleed 1. ☐ Yes 2. ☐ No – Go to B9

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Site of Bleed: (check all that apply)	Interventions Taken (check all that apply)
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		a. ☐ Esophageal b. ☐ Gastric c. ☐ Duodenal d. ☐ Anorectal e. ☐ Other (Specify: _____)	a. ☐ None b. ☐ Beta-blockade c. ☐ Vasoconstrictive agent d. ☐ TIPSS e. ☐ Endoscopy f. ☐ Surgical shunt g. ☐ Ligation h. ☐ Transfusion i. ☐ Sclerotherapy j. ☐ Other (Specify:_____)
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		a. ☐ Esophageal b. ☐ Gastric c. ☐ Duodenal d. ☐ Anorectal e. ☐ Other (Specify: _____)	a. ☐ None b. ☐ Beta-blockade c. ☐ Vasoconstrictive agent d. ☐ TIPSS e. ☐ Endoscopy f. ☐ Surgical shunt g. ☐ Ligation h. ☐ Transfusion i. ☐ Sclerotherapy j. ☐ Other (Specify:_____)

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

B9. Hearing Problems 1. ☐ Yes 2. ☐ No – Go to B10

Start Date (mm/dd/yyyy)	Ongoing?	Specify	Severity	Hearing Aids?
___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No	1. ☐ Conductive 2. ☐ Sensorineural	1. ☐ Mild 2. ☐ Moderate 3. ☐ Severe 4. ☐ Profound	1. ☐ Yes 2. ☐ No
___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No	1. ☐ Conductive 2. ☐ Sensorineural	1. ☐ Mild 2. ☐ Moderate 3. ☐ Severe 4. ☐ Profound	1. ☐ Yes 2. ☐ No

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

B10. Hepatopulmonary Syndrome 1. ☐ Yes 2. ☐ No – Go to B11

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Diagnostic Test Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Cyanosis	Upright Oxygen saturation	Shunt Fraction	Bubble ECHO cardiogram	Interventions taken
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		1. ☐ Yes 2. ☐ No	___ ___ ___% 88. ☐ ND	___ ___ % 88. ☐ ND	1. ☐ Positive 2. ☐ Negative 88. ☐ Not Done	
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		1. ☐ Yes 2. ☐ No	___ ___ ___% 88. ☐ ND	___ ___ % 88. ☐ ND	1. ☐ Positive 2. ☐ Negative 88. ☐ Not Done	

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

B11. Hepatorenal Syndrome 1. ☐ Yes 2. ☐ No – Go to B12

Diagnostic Test Date (mm/dd/yyyy)	Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Duration (days)	Ongoing?	Peak Serum Creatinine	Interventions taken (check all that apply)
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___		1. ☐ Yes 2. ☐ No	___ ___.___mg/dl 88. ☐ ND	a. ☐ None b. ☐ Dialysis c. ☐ Vasopressin d. ☐ Octreotide e. ☐ Other (Specify: _____)
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___		1. ☐ Yes 2. ☐ No	___ ___.___mg/dl 88. ☐ ND	a. ☐ None b. ☐ Dialysis c. ☐ Vasopressin d. ☐ Octreotide e. ☐ Other (Specify: _____)

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

B12. Pancreatitis 1. ☐ Yes 2. ☐ No – Go to B13

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No	
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No	

B13. Portopulmonary Hypertension 1. ☐ Yes 2. ☐ No – Go to B14

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Diagnostic Test Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Cyanosis	Shortness Of Breath	Oxygen Saturation	Confirmed By Echo-cardiogram	Confirmed By Cardiac Cath	Intervention (Specify)
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No	___ ___ % 88. ☐ ND	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No	
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No	___ ___ % 88. ☐ ND	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No	

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

B14. Pruritis 1. ☐ Yes 2. ☐ No – Go to B15

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Scratch Score date (mm/dd/yyyy)	Scratch Score	Interventions (check all that apply)
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		55. ☐ DK ___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ None 2. ☐ Mild scratching when undistracted 3. ☐ Active scratching without abrasion 4. ☐ Active scratching with abrasion 5. ☐ Cutaneous mutilation with bleeding and scarring	a. ☐ None b. ☐ Partial Biliary Diversion c. ☐ Ursodiol (e.g. Actigall) d. ☐ Rifampin e. ☐ Ileal Exclusion f. ☐ Antihistamines (e.g. diphenhydramine, Benadryl) g. ☐ Nasobiliary drainage h. ☐ Cholestyramine (e.g. Questran) i. ☐ Other: (Specify) _____
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		55. ☐ DK ___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ None 2. ☐ Mild scratching when undistracted 3. ☐ Active scratching without abrasion 4. ☐ Active scratching with abrasion 5. ☐ Cutaneous mutilation with bleeding and scarring	a. ☐ None b. ☐ Partial Biliary Diversion c. ☐ Ursodiol (e.g. Actigall) d. ☐ Rifampin e. ☐ Ileal Exclusion f. ☐ Antihistamines (e.g. diphenhydramine, Benadryl) g. ☐ Nasobiliary drainage h. ☐ Cholestyramine (e.g. Questran) i. ☐ Other: (Specify) _____

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

B15. Other 1. ☐ Yes 2. ☐ No – Go to B16

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Specify
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		
___ ___ / ___ ___ / ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___	1. ☐ Yes 2. ☐ No		

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

B16. Transplant listing 1. ☐ Yes 2. ☐ No – END

1. Date of listing: ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy) 1. ☐ Ongoing
2. Date of removal from list: ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy)
3. Reason for removal from list: _____

PELD/MELD score at listing:

4. Calculated score: ___ ___ ___
5. Exception score: ___ ___ ___
6. Status 1 exception requested: 1. ☐ Yes 2. ☐ No
7. Weight at listing: ___ ___ ___.___kg 88. ☐ ND
8. Height or length at listing: ___ ___ ___.___cm 88. ☐ ND
9. Head circumference at listing: ___ ___.___cm 88. ☐ ND
10. Growth failure at listing: 1. ☐ Yes 2. ☐ No
11. Bilirubin Date: ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy) 88. ☐ ND
12a. Total bilirubin at listing: ___ ___.___mg/dl 88. ☐ ND
12b. Direct bilirubin at listing: ___ ___.___mg/dl 88. ☐ ND
12c. Conjugated bilirubin at listing: ___ ___.___mg/dl 88. ☐ ND
13. Prothrombin time at listing:
Date: ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy) 88. ☐ ND ___ ___.___sec
14. INR at listing: ___.___ ___ 88. ☐ ND
15. Creatine at listing:
Date: ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy) 88. ☐ ND ___ ___.___mg/dl
16. Albumin at listing:
Date: ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy) 88. ☐ ND ___ ___.___g/L

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Visit: 1. ☐ Baseline 2. ☐ Year 1 3. ☐ Year 2 4. ☐ Year 3 5. ☐ Year 4 6. ☐ Year 5 7. ☐ LT/ABD 8. ☐ Year 6 9. ☐ Year 7 10. ☐ Year 8
11. ☐ Year 9 12. ☐ Year 10

17. Child's blood type: 1. ☐ A 2. ☐ B 3. ☐ O 4. ☐ AB 66. ☐ Unknown

18. Was the subject SPLIT registered: 1. ☐ Yes 2. ☐ No 66. ☐ Unknown

19. SPLIT center name: _____

20. SPLIT center code: ___ ___ ___ ___

21. SPLIT Registration Number: ___ ___ ___ ___