



CHILDRENLink: LOGIC

Form 25.1 Liver Transplant LOGIC G1

B: DATA COLLECTED AT TIME OF TRANSPLANT

B1	Date of Liver transplant:	____ / ____ / ____
B2	Complications present or actively treated at time of transplant (check all that apply):	<input type="checkbox"/> Bone fractures <input type="checkbox"/> Xanthomatosis <input type="checkbox"/> Pruritus

C: INVESTIGATOR SIGNATURE

C1	Investigator Signed?	O No → Done O Yes _____
C2	Date investigator signed	____ / ____ / ____