



## CHILDRENLink: LOGIC

## Form 14 Diagnosis LOGIC G1 G2 G3

A: VISIT This form is to be completed at enrollment

## B: DIAGNOSIS

|    |   |   |
|----|---|---|
| B2 | Please identify the subject's primary diagnosis:        | <input type="checkbox"/> Alpha1-Antitrypsin deficiency<br><input type="checkbox"/> PFIC - Not specified<br><input type="checkbox"/> PFIC 1 (FIC1 disease)<br><input type="checkbox"/> PFIC 2 (BSEP disease)<br><input type="checkbox"/> PFIC 3 (MDR3 disease)<br><input type="checkbox"/> PFIC 4<br><input type="checkbox"/> Alagille syndrome<br><input type="checkbox"/> Other, specify: _____<br><b>Bile acid synthesis disorder</b><br><input type="checkbox"/> Bile Acid Synthesis disorder: 3 $\beta$ -Hydroxy-C27-steroid oxidoreductase deficiency (3HSD)<br><input type="checkbox"/> Bile Acid Synthesis disorder: $\Delta$ -3-Oxosteroid 5 $\beta$ -reductase deficiency (5 $\beta$ -reductase)<br><input type="checkbox"/> Bile Acid Synthesis disorder: 27-hydroxylase deficiency (Cerebro-tendinous Xanthomatosis; CTX)<br><input type="checkbox"/> Bile acid conjugation defects<br><input type="checkbox"/> Other bile acid synthesis defect, specify: _____<br><b>BRIC</b><br><input type="checkbox"/> BRIC - Not specified<br><input type="checkbox"/> BRIC 1 (FIC1 disease)<br><input type="checkbox"/> BRIC 2 (BSEP disease)<br><input type="checkbox"/> BRIC 3 (MDR3 disease) |
| B3 | List other diagnoses, (hepatic), choose all that apply: | <input type="checkbox"/> None<br><input type="checkbox"/> Hepatitis C<br><input type="checkbox"/> Other, specify: _____<br><input type="checkbox"/> Hepatitis B<br><input type="checkbox"/> Cystic fibrosis   |
| B4 | Other diagnoses (non-hepatic)?                          | <input type="radio"/> No $\rightarrow$ go to C1<br><input type="radio"/> Yes  |
| B5 | If Yes, specify other diagnoses:                        | _____   |

## C: INVESTIGATOR SIGNATURE

|    |                          |   |
|----|--------------------------|---|
| C1 | Investigator Signed?     | <input type="radio"/> No $\rightarrow$ Done<br><input type="radio"/> Yes<br>_____ |
| C2 | Date investigator signed | ____ / ____ / ____  |