



ChiLDReNLink: LOGIC

**Form 14 Diagnosis LOGIC G5**

**B: DIAGNOSIS**

B2	Please identify the subject's primary diagnosis:	<input type="radio"/> Alpha1-Antitrypsin deficiency	<input type="radio"/> Alagille syndrome
B3	List other diagnoses, (hepatic), choose all that apply:	<input type="checkbox"/> None <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Cystic fibrosis
B4	Other diagnoses (non-hepatic)?	<input type="radio"/> No → go to C1	<input type="radio"/> Yes
B5	If Yes, specify other diagnoses:	_____	

**C: INVESTIGATOR SIGNATURE**

C1	Investigator Signed?	<input type="radio"/> No → Done	<input type="radio"/> Yes
C2	Date investigator signed	____ / ____ / ____	