

A1. Site/Study ID #: _____ / _____

A2. Date of Exam: _____ / _____ / _____
Month Day Year

A3. Staff Initials: _____

To DCC

SECTION B: LABORATORY EVALUATION

Test	Initial Presentation (use earliest value if repeated on same day)			Pre-Lap. --See instructions (use earliest value if repeated on same day)			
		Date MM / DD	ND		Date MM / DD	ND	
Hepatic Function Panel			<input type="checkbox"/>				<input type="checkbox"/>
B1. Total bilirubin	_____ mg/dl	____ / ____	<input type="checkbox"/>	_____ mg/dl	____ / ____	<input type="checkbox"/>	
B2. Indirect bilirubin	_____ mg/dl	____ / ____	<input type="checkbox"/>	_____ mg/dl	____ / ____	<input type="checkbox"/>	
B3. Direct bilirubin	_____ mg/dl	____ / ____	<input type="checkbox"/>	_____ mg/dl	____ / ____	<input type="checkbox"/>	
B4. Unconjugated bilirubin	_____ mg/dl	____ / ____	<input type="checkbox"/>	_____ mg/dl	____ / ____	<input type="checkbox"/>	
B5. Conjugated bilirubin	_____ mg/dl	____ / ____	<input type="checkbox"/>	_____ mg/dl	____ / ____	<input type="checkbox"/>	
B6. AST	_____ U/L	____ / ____	<input type="checkbox"/>	_____ U/L	____ / ____	<input type="checkbox"/>	
B7. ALT	_____ U/L	____ / ____	<input type="checkbox"/>	_____ U/L	____ / ____	<input type="checkbox"/>	
B8. Alkaline phosphatase	_____ U/L	____ / ____	<input type="checkbox"/>	_____ U/L	____ / ____	<input type="checkbox"/>	
B9. Albumin	_____ g/dL	____ / ____	<input type="checkbox"/>	_____ g/dL	____ / ____	<input type="checkbox"/>	
B10. Total protein	_____ g/dl	____ / ____	<input type="checkbox"/>	_____ g/dl	____ / ____	<input type="checkbox"/>	
B11. GGTP	_____ U/L	____ / ____	<input type="checkbox"/>	_____ U/L	____ / ____	<input type="checkbox"/>	
B12. Total serum bile acids	_____ μmol/l <u>OR</u> _____ μg/dl	____ / ____	<input type="checkbox"/>	_____ μmol/l <u>OR</u> _____ μg/dl	____ / ____	<input type="checkbox"/>	
Coagulation Panel			<input type="checkbox"/>				<input type="checkbox"/>
B13. Prothrombin time (PT)	_____ sec	____ / ____	<input type="checkbox"/>	_____ sec	____ / ____	<input type="checkbox"/>	
B14. INR	_____		<input type="checkbox"/>	_____		<input type="checkbox"/>	
B15. Partial thromboplastin time (PTT)	_____ sec	____ / ____	<input type="checkbox"/>	_____ sec	____ / ____	<input type="checkbox"/>	
Basic Metabolic Panel			<input type="checkbox"/>				<input type="checkbox"/>
B16. Sodium (Na)	_____ mmol/l	____ / ____	<input type="checkbox"/>	_____ mmol/l	____ / ____	<input type="checkbox"/>	
B17. Potassium (K)	_____ mmol/l	____ / ____	<input type="checkbox"/>	_____ mmol/l	____ / ____	<input type="checkbox"/>	
B18. Chloride (Cl)	_____ mmol/l	____ / ____	<input type="checkbox"/>	_____ mmol/l	____ / ____	<input type="checkbox"/>	
B19. Bicarbonate (CO ₂)	_____ mmol/l	____ / ____	<input type="checkbox"/>	_____ mmol/l	____ / ____	<input type="checkbox"/>	
B20. Creatinine	_____ mg/dl	____ / ____	<input type="checkbox"/>	_____ mg/dl	____ / ____	<input type="checkbox"/>	
B21. BUN	_____ mg/dl	____ / ____	<input type="checkbox"/>	_____ mg/dl	____ / ____	<input type="checkbox"/>	
B22. Glucose	_____ mg/dl	____ / ____	<input type="checkbox"/>	_____ mg/dl	____ / ____	<input type="checkbox"/>	

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Test	Initial Presentation (use earliest value if repeated on same day)		Date MM / DD	ND	Pre-Lap. --See instructions (use earliest value if repeated on same day)		Date MM / DD	ND	
CBC With Differential				8. <input type="checkbox"/>					8. <input type="checkbox"/>
B23. Hemoglobin (Hgb)	_____ . ____ g/dl			8. <input type="checkbox"/>	_____ . ____ g/dl			8. <input type="checkbox"/>	
B24. Hematocrit (Hct):	_____ . ____ %			8. <input type="checkbox"/>	_____ . ____ %			8. <input type="checkbox"/>	
B26. WBC	_____ . ____ 10 ³ /mm ³			8. <input type="checkbox"/>	_____ . ____ 10 ³ /mm ³			8. <input type="checkbox"/>	
B27. Differential	_____ % Neutrophils				_____ % Neutrophils				
B28.	_____ % Bands				_____ % Bands				
B29.	_____ % Lymphocytes				_____ % Lymphocytes				
B30.	_____ % Monocytes				_____ % Monocytes				
B31.	_____ % Eosinophils		____ / ____	8. <input type="checkbox"/>	_____ % Eosinophils		____ / ____	8. <input type="checkbox"/>	
B32.	_____ % Basophils				_____ % Basophils				
B33.	_____ % Blasts				_____ % Blasts				
B34.	_____ % Other specify: _____				_____ % Other specify: _____				
B35. Reticulocyte count	_____ . ____ %			8. <input type="checkbox"/>	_____ . ____ %			8. <input type="checkbox"/>	
B36. Platelets	_____ 10 ³ /mm ³			8. <input type="checkbox"/>	_____ 10 ³ /mm ³			8. <input type="checkbox"/>	
Vitamin Levels				8. <input type="checkbox"/>					8. <input type="checkbox"/>
B37. Vitamin A (Retinol)	_____ µg/dl		____ / ____	8. <input type="checkbox"/>	_____ µg/dl		____ / ____	8. <input type="checkbox"/>	
B38. Retinol binding protein (RBP)	_____ . ____ mg/dl		____ / ____	8. <input type="checkbox"/>	_____ . ____ mg/dl		____ / ____	8. <input type="checkbox"/>	
B39. Vitamin E (Alpha-tocopherol)	_____ . ____ µg/ml		____ / ____	8. <input type="checkbox"/>	_____ . ____ µg/ml		____ / ____	8. <input type="checkbox"/>	
B40. Total serum lipids	_____ mg/dl		____ / ____	8. <input type="checkbox"/>	_____ mg/dl		____ / ____	8. <input type="checkbox"/>	
B41. Vitamin D (D25OH)	_____ . ____ ng/ml		____ / ____	8. <input type="checkbox"/>	_____ . ____ ng/ml		____ / ____	8. <input type="checkbox"/>	
B42. 1,25 OH2 Vitamin D	_____ . ____ pg/ml		____ / ____	8. <input type="checkbox"/>	_____ . ____ pg/ml		____ / ____	8. <input type="checkbox"/>	
B42a PIVKA-II	_____ . ____ mcg/L		____ / ____	8. <input type="checkbox"/>	_____ . ____ mcg/L		____ / ____	8. <input type="checkbox"/>	
Miscellaneous				8. <input type="checkbox"/>					8. <input type="checkbox"/>
B43. Calcium	_____ . ____ mg/dl		____ / ____	8. <input type="checkbox"/>	_____ . ____ mg/dl		____ / ____	8. <input type="checkbox"/>	
B44. Phosphorus	_____ . ____ mg/dl		____ / ____	8. <input type="checkbox"/>	_____ . ____ mg/dl		____ / ____	8. <input type="checkbox"/>	
B45. Total cholesterol	_____ mg/dl		____ / ____	8. <input type="checkbox"/>	_____ mg/dl		____ / ____	8. <input type="checkbox"/>	

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B46. Alpha₁-antitrypsin (A1AT) phenotype: 1. ZZ 2. MZ 3. SZ 4. SS 5. MM
 6. MS 7. Other (Specify: _____) 8. ND → **Go to B47**

a. Level _____ mg/dl

b. Date (mm/dd): _____ / _____

B47. Sweat test chloride: _____ meq/L 8. ND → **Go to B48**

a. Date (mm/dd): _____ / _____

B48. Serology: _____ Date (mm/dd): _____ / _____ 8. ND → **Go to C1**

a. CMV IgG 1. Negative 2. Positive 8. ND

b. CMV IgM 1. Negative 2. Positive 8. ND

c. Toxoplasmosis IgG 1. Negative 2. Positive 8. ND

d. Toxoplasmosis IgM 1. Negative 2. Positive 8. ND

e. Herpes IgM 1. Negative 2. Positive 8. ND

h. Other: _____ 1. Negative 2. Positive 8. ND

i. Other: _____ 1. Negative 2. Positive 8. ND

j. Other: _____ 1. Negative 2. Positive 8. ND

k. Other: _____ 1. Negative 2. Positive 8. ND

l. Other: _____ 1. Negative 2. Positive 8. ND

m. Other: _____ 1. Negative 2. Positive 8. ND

n. Other: _____ 1. Negative 2. Positive 8. ND

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SECTION C: METABOLIC DISEASE TESTING

8. ND

C1. Neonatal screening:

Date (mm/dd): ____ / ____

a. Thyroid function (TSH or T4):

1. Normal
 2. Abnormal
 8. ND

b. Galactosemia:

1. Normal
 2. Abnormal
 8. ND

c. Cystic fibrosis

1. Normal
 2. Abnormal
 8. ND

d. Other: _____

1. Abnormal
 8. ND

C2. Metabolic screening:

Date (mm/dd): ____ / ____

a. Serum amino acids

1. Normal
 2. Abnormal (Specify: _____)
 8. ND

b. Urine amino acids

1. Normal
 2. Abnormal (Specify: _____)
 8. ND

c. Urine organic acids

1. Normal
 2. Abnormal (Specify: _____)
 8. ND

d. Serum bile acid profile (by Fab-MS)

1. Normal
 2. Abnormal (Specify: _____)
 8. ND

e. Urine bile acids (by Fab-MS)

1. Normal
 2. Abnormal (Specify: _____)
 8. ND

ei. Urine succinyl acetone

1. Normal
 2. Abnormal (Specify: _____)
 8. ND

f. Other: _____

1. Normal
 2. Abnormal (Specify: _____)

A1. Site/Study ID #: ____ / _____

C3. Genetic mutation evaluations: Date (mm/dd): ____ / ____

a. Progressive familial intrahepatic cholestasis:

ai. Sent for evaluation: 1. No → **Go to C3b** 2. Yes

Results:

aii. PFIC1/FIC1 1. Not detected 2. Detected

aiii. PFIC2/BSEP 1. Not detected 2. Detected

aiv. PFIC3/MDR3 1. Not detected 2. Detected

av. Other (Specify: _____) 2. Detected

b. Jag1

bi. Sent for evaluation: 1. No → **Go to C3c** 2. Yes

bii. Results: 1. Normal
2. Abnormal (Specify: _____)
3. ND

c. Cystic Fibrosis

ci. Sent for evaluation 1. No → **Go to C3d** 2. Yes

cii. Results: 1. Normal
2. Abnormal (Specify: _____)
3. ND

d. Other: _____

di. Sent for evaluation 1. No → **Go to C3e** 2. Yes

dii. Results: 1. Normal
2. Abnormal (Specify: _____)
3. ND

e. Other: _____

ei. Sent for evaluation 1. No → **END** 2. Yes

eii. Results: 1. Normal
2. Abnormal (Specify: _____)
3. ND