ChiLDReNLink: LOGIC

Eligibility LOGIC		
A: VISIT DATE		
A1	Participant Name:	_____ _____ First Last
A2:	Patient Identifier:	_____
A3:	Visit Date:	___ ___ / ___ ___ / ___ ___ ___ ___

A: GENETIC RELATIVES IN LOGIC		
A4	Is this subject genetically related to a previously enrolled subject in LOGIC?	O No → **go to B1** O Yes
A4a	What is the previously enrolled subject's Study ID? (Enter the Study ID of any one relative if multiple subjects are related.)	_____
A4b	How is the previously enrolled subject genetically related to this subject?	O Full Siblings O Half Siblings, Mother in common O Half Siblings, Father in common O The previously enrolled subject is the mother of this subject O The previously enrolled subject is the father of this subject

B: GENERAL INCLUSION/EXCLUSION CRITERIA		
B1	Date of Birth:	___ ___ / ___ ___ / ___ ___ ___ ___
B2	Currently in PROBE Study?	O No → **go to B4** O Yes
B3	PROBE Study ID:	___ ___ ___ - ___ ___ ___ ___
B4	Is the subject able to comply with requirements for long term follow-up?	O No O Yes
B5	Have the subject's parent(s)/guardian(s) provided informed written consent and the HIPAA authorization form?	O No → **go to B6** O Yes
B5a	Date approached for consent:	___ ___ / ___ ___ / ___ ___ ___ ___
B6	Subject has had liver transplant? If yes, answer the following disease questions for condition prior to transplant.	O No O Yes

B: GENERAL INCLUSION/EXCLUSION CRITERIA			
B7	Disease:	O Bile Acid Synthesis and Metabolism Disorders O Progressive Familial Intrahepatic Cholestasis (PFIC) O a1-Antitrypsin (a1-AT) Deficiency O Alagille Syndrome (AGS)	
B8	Disease status:	O Confirmed	O Suspected (group 4)
B9	Evidence of liver disease?	No	O Yes
B10	Subject has a sibling with α1-AT Deficiency enrolled in LOGIC Study?	O No	O Yes

C: BAD			
Bile Acid Synthesis and Metabolism Disorder Inclusion Criteria			
Diagnosis of bile acid synthesis confirmed by:			
C1a	a. Biochemical evidence of defect by FAB-MS or GC-MS of urine or serum	O No	O Yes
C1b	b. Two identified pathological genetic mutations in one enzyme of bile acid synthetic pathway	O No	O Yes
Bile Acid Synthesis and Metabolism Disorder Exclusion Criteria			
C2	Isolated enzymatic or structural peroxisomal defect producing a recognized syndromic disorder	O No	O Yes

D: PFIC/BRIC			
PFIC/BRIC Inclusion Criteria			
Diagnosis of PFIC / BRIC by (must meet requirements of Section a or Sections b, and c)			
a. Documented two mutant alleles in:			
D1a	i. ATP8B1 (FIC1) gene	O No	O Yes
D1b	ii. ABCB11 (BSEP) gene	O No	O Yes
D1c	iii. ABCB4 (MDR3) gene	O No	O Yes
D1d	iv. TJP2 gene	O No	O Yes
b. Evidence of chronic liver disease by:			
D2a	i. Clinical or biochemical hepatic abnormalities of > 6 months	O No	O Yes
D2b	ii. Clinical or histologic stigmata of chronic liver disease	O No	O Yes

D: PFIC/BRIC			
D2c	iii. Sibling of known individual affected by PFIC or BRIC	O No	O Yes
D2d	iv. Recurrent and episodic cholestatic disease occurring on more than two occasions with episodes separated by at least 3 months and within other known cause	O No	O Yes
c. Evidence of cholestasis by:			
D3a	i. Fasting serum bile acid > 3x ULN for age	O No	O Yes
D3b	ii. Direct bilirubin > 2 mg/dL	O No	O Yes
D3c	iii. Fat soluble vitamin deficiency	O No	O Yes
D3d	iv. GGTP > 3x ULN for age	O No	O Yes
D3e	v. Intractable pruritus explainable only by liver disease	O No	O Yes
PFIC/BRIC Exclusion Criteria:			
D4	Presence of other known cause of chronic cholestasis	O No	O Yes

E: a1-AT			
α1-AT Inclusion Criteria			
Presence of liver disease (select all that apply - must have at least one)			
E1a	a. Neonatal cholestasis	O No	O Yes
E1b	b. AST or ALT or GGT > 1.25 x ULN	O No	O Yes
E1c	c. Impaired hepatic synthetic function	O No	O Yes
E1d	d. Hepatomegaly	O No	O Yes
E1e	e. Portal hypertension or cirrhosis	O No	O Yes
E1f	f. Abnormal liver biopsy histology	O No	O Yes
Diagnosis of α1-AT deficiency by:			
Diagnosis of α1-AT deficiency before transplant by:			
E2	a. Low serum α1-AT level	O No → **go to E2b**	O Yes
E2a	If yes, what was the low serum α1-AT level?	O = O < O > _____	O mg/dl O Not Done

E: a1-AT			
E2b	b. Clear histologic evidence of α1-AT deficiency liver disease on the explanted liver	O No	O Yes
c. At least one of the following:			
E2c	i. PiZZ phenotype	O No	O Yes
E2d	ii. PiSZ phenotype	O No	O Yes
E2e	iii. PiZZ genotype	O No	O Yes
E2f	iv. PiSZ genotype	O No	O Yes

F: ALAGILLE SYNDROME		
Alagille Syndrome Inclusion Criteria		
F1	Confirmed diagnosis of AGS	O No → **go to F3** O Yes
F2	Diagnostic Characteristics (specify one of the following scenarios):	O Family history of AGS present or absent AND Paucity of interlobular bile ducts present AND Jagged1 or Notch2 mutations identified AND Number clinical criteria is any or no features O No family history of AGS AND Paucity of interlobular bile ducts present AND Jagged1 or Notch2 mutations not identified AND Number of clinical criteria 3 or > O No family history of AGS AND Paucity of interlobular bile ducts absent or unknown AND Jagged1 or Notch2 mutations not identified AND Number of clinical criteria 4 or > O No family history of AGS AND Paucity of interlobular bile ducts absent or unknown AND Jagged1 or Notch2 mutations identified AND Number of clinical criteria 1 or > O Family history of AGS present AND Paucity of interlobular bile ducts present AND Jagged1 or Notch2 mutations not identified AND Number of clinical criteria 1 or > O Family history of AGS present AND Paucity of interlobular bile ducts absent or unknown AND Jagged1 or Notch2 mutations not identified AND Number of clinical criteria 2 or > O Family history of AGS AND Paucity of interlobular bile ducts absent or unknown AND Jagged1 or Notch2 mutations identified AND Any or no features of number of clinical criteria
F3	Evidence of cholestasis: (check all that apply)	□ Fasting total serum bile acid > 3x ULN for age □ Direct bilirubin > 2 mg/dl □ Fat soluble vitamin deficiency otherwise unexplainable □ GGTP > 3x ULN for age □ Intractable pruritus explainable only by liver disease

G: SUMMARY		
G2	Is the subject eligible by exemption?	O No O Eligible by exemption
Consent obtained for:		
G3a	Subject's Blood for DNA	O No O Yes
G3b	Date subject provided consent	___ ___ / ___ ___ / ___ ___ ___ ___
G4a	Mother's Blood for Research	O No O Yes O Pending O NA
G4b	Mother's Blood for DNA	O No O Yes O Pending O NA
G4c	Date biological mother provided consent	___ ___ / ___ ___ / ___ ___ ___ ___
G5a	Father's Blood for Research	O No O Yes O Pending O NA
G5b	Father's Blood for DNA	O No O Yes O Pending O NA
G5c	Date biological father provided consent	___ ___ / ___ ___ / ___ ___ ___ ___

H: INVESTIGATOR SIGNATURE		
H1	Investigator Signed?	O No → **Done** O Yes _____
H2	Date investigator signed	___ ___ / ___ ___ / ___ ___ ___ ___
H3	Investigator's Comments:	