



CHILDRENLink: LOGIC

**Form 08.1/08.3 Labs LOGIC G1 G3**

**B: LABORATORY EVALUATION**

For date of test on each item below, please record either the date of the visit (if it was drawn that day), or date within the previous 3 months that a sample was drawn for that item.

B1a	CA-19-9	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> >	<input type="radio"/> units/mL <input type="radio"/> Not Done → go to B2a	<input type="radio"/> kU/L
B1b	CA-19-9: Date of most recent draw:	____ / ____ / ____		
B2a	Alpha fetoprotein	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> >	<input type="radio"/> ng/ml <input type="radio"/> Not Done → go to B3a	<input type="radio"/> µg/L
B2b	Alpha fetoprotein: Date of most recent draw:	____ / ____ / ____		
B3a	Other test?	<input type="radio"/> No → go to B4a <input type="radio"/> Yes (specify): _____		
B3b	Lab value:	_____		
B3c	Lab value units:	_____		
B3d	Date of most recent draw:	____ / ____ / ____		
B4a	Other lab results to report?	<input type="radio"/> No → go to C1a <input type="radio"/> Yes (specify): _____		
B4b	Lab value	_____		
B4c	Lab value units	_____		
B4d	Date of most recent test:	____ / ____ / ____		

**C: METABOLIC DISEASE TESTING (SINCE LAST VISIT)**

Miscellaneous screening

C1a	Ostomy bile acids	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done → go to C2a
C1b	Ostomy bile acids: Date of visit:	____ / ____ / ____

**C: METABOLIC DISEASE TESTING (SINCE LAST VISIT)**

C2a	Fecal bile acids	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done → go to C3a
C2b	Fecal bile acids: Date of visit:	____ / ____ / ____
C3a	Biliary bile acids	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done → go to C4a
C3b	Biliary bile acids: Date of visit:	____ / ____ / ____
C4a	Biliary cholesterol	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done → go to C5a
C4b	Biliary cholesterol: Date of visit:	____ / ____ / ____
C5a	Biliary Phospholipids	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done → Done
C5b	Biliary Phospholipids: Date of visit:	____ / ____ / ____