ChiLDReNLink: PROBE

Form 14 Diagnosis PROBE			
A: VISIT			
This form is to be completed at diagnosis or hospital discharge			
A2	Child was hospitalized:	O No	O Yes
A3	Child underwent exploratory surgery or portoenterostomy:	O No	O Yes
A4	Date of diagnosis	___ ___ / ___ ___ / ___ ___ ___ ___	

B: DIAGNOSIS		
B1	Please identify the subject's primary diagnosis at discharge:	O Biliary atresia O Idiopathic neonatal hepatitis O Hepatitis due to CMV (CMV inclusion disease on liver biopsy or systematic congenital CMV infection) O Hepatitis due to Rubella (IgM positive, other features) O Hepatitis due to Herpes (IgM positive) O Hepatitis due to Toxoplasmosis (IgM positive, other features) O Hepatitis B O Hepatitis C O Choledochal cyst O Alpha 1-Antitrypsin deficiency O Hereditary tyrosinemia O Hereditary fructose intolerance O Storage diseases (Niemann-Pick type C, Gaucher's, GSD type IV, cholesterol ester) (specify): _____ O Cystic fibrosis O PFIC 1, 2, 3, or 4 O Alagille syndrome O Bile acid synthetic disorder O Operable extrahepatic biliary atresia and choledochal cyst O Galactosemia O Cholestasis, indeterminate O Other (specify): _____

B: DIAGNOSIS		
B2	List other diagnoses at the time of discharge (check all that apply):	□ None □ Hepatitis due to CMV (CMV inclusion disease on liver biopsy or systematic congenital CMV infection) □ Hepatitis due to Rubella (IgM positive, other features) □ Hepatitis due to Herpes (IgM positive) □ Hepatitis due to Toxoplasmosis (IgM positive, other features) □ Hepatitis B □ Hepatitis C □ Choledochal cyst □ Alpha1-Antitrypsin deficiency □ Hereditary tyrosinemia □ Hereditary fructose intolerance □ Storage diseases (Niemann-Pick type C, Gaucher's, GSD type IV, cholesterol ester) (specify): _____ □ Cystic fibrosis □ PFIC 1, 2, 3, or 4 □ Alagille syndrome □ Bile acid synthetic disorder □ Operable extrahepatic biliary atresia and choledochal cyst □ Galactosemia □ Cholestasis, indeterminate □ Other (specify): _____

C: INVESTIGATOR SIGNATURE		
C1	Investigator Signed?	O No → **Done** O Yes _____
C2	Date investigator signed	___ ___ / ___ ___ / ___ ___ ___ ___