



ChiLDReNLink: LOGIC

Form 14A Change in Diagnosis LOGIC G1 G2 G3

B: DIAGNOSIS

This form is to be completed if the diagnosis changes

B1	Please identify the subject's primary diagnosis:	<input type="checkbox"/> Alpha1-Antitrypsin deficiency <input type="checkbox"/> PFIC - Not specified <input type="checkbox"/> PFIC 1 (FIC1 disease) <input type="checkbox"/> PFIC 2 (BSEP disease) <input type="checkbox"/> PFIC 3 (MDR3 disease) <input type="checkbox"/> PFIC 4 <input type="checkbox"/> Alagille syndrome <input type="checkbox"/> Other, specify: _____ Bile acid synthesis disorder <input type="checkbox"/> Bile Acid Synthesis disorder: 3 β -Hydroxy-C27-steroid oxidoreductase deficiency (3HSD) <input type="checkbox"/> Bile Acid Synthesis disorder: Δ -3-Oxosteroid 5 β -reductase deficiency (5 β -reductase) <input type="checkbox"/> Bile Acid Synthesis disorder: 27-hydroxylase deficiency (Cerebro-tendinous Xanthomatosis; CTX) <input type="checkbox"/> Bile acid conjugation defects <input type="checkbox"/> Other bile acid synthesis defect, specify: _____ BRIC <input type="checkbox"/> BRIC - Not specified <input type="checkbox"/> BRIC 1 (FIC1 disease) <input type="checkbox"/> BRIC 2 (BSEP disease) <input type="checkbox"/> BRIC 3 (MDR3 disease)
B3	List other diagnoses, (hepatic), choose all that apply:	<input type="checkbox"/> None <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Other, specify: _____
B4	Other diagnoses (non-hepatic)?	O No O Yes (specify): _____

C: INVESTIGATOR SIGNATURE

C1	Investigator Signed?	O No → Done O Yes _____
C2	Date investigator signed	____ / ____ / ____