

Follow-Up Vital Status (FV) Form

ID

SECTION I: PATIENT LOCATION

- 1. Evaluation: 6 Month 1 Year **EVAL**
- 2. Date of follow-up evaluation: ____-____-____ (mm-dd-yy) **DOEM/DOED/DOEY**
- 3. Follow-up method: In person Phone Hospital record alone Death registry PCP **FUPMT**
- 4. Location of patient: Hospital ICU Home Other _____ **PLC PLCOS**
- 5. Was the patient diagnosed with aplastic anemia during the follow-up period? Yes No **APA**
 - 5.1 If Yes, date of diagnosis (bone marrow aspirate or bx): ____ / ____ (month/year) **APADM/ APADY**
- 6. Did the patient have a SAE (other than aplastic anemia) during the follow-up period? Yes No **SAE**
 - 6.1 If Yes, specify: _____ **SAES1** _____ **SAES2**

NAC patients only

Was SAE unexpected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No SAEU1	<input type="checkbox"/> Yes	<input type="checkbox"/> No SAEU2
Was SAE related to study drug?	<input type="checkbox"/> Yes	<input type="checkbox"/> No SAER1	<input type="checkbox"/> Yes	<input type="checkbox"/> No SAER2

refer to MOP for SAE reporting on post-tx pts

Not on form: **SAES3 SAEU3 SAER3 SAES4 SAEU4 SAER4**

SECTION II: OUTCOME (at time of follow-up evaluation)

- 1. Alive **ALV**
 - 1.1 Relisted for liver transplant? Yes No **ALVL**
 - If Yes, current UNOS status **ALVLS** Current MELD/PELD **MELDR**
- 2. Died **DEATH**
 - 2.1 Date of death: ____-____-____ (mm-dd-yy) **DODM/DODD/DODY**
 - 2.2 Major underlying cause of death: _____ (see codebook) **COD**
 - 2.3 Autopsy performed: Yes No **AUTOP**

SECTION III: FINAL DIAGNOSIS

- 1. Change in final diagnosis since last evaluation? Yes No **CNGDX**

(check all that apply)

<input type="checkbox"/> Acetaminophen ACET	<input type="checkbox"/> Budd-Chiari BUDC	<input type="checkbox"/> Hemophagocytic syndrome HPHGS
<input type="checkbox"/> Shock/ischemia SHCK	<input type="checkbox"/> Neonatal iron storage disease NISD	<input type="checkbox"/> Venocclusive disease VENO
<input type="checkbox"/> Metabolic liver disease MTLD	<input type="checkbox"/> Respiratory chain deficit RCD	<input type="checkbox"/> Tyrosinemia TYRO
	<input type="checkbox"/> Wilson's disease WILS	<input type="checkbox"/> Fatty acid oxidation FAO FAOS
	<input type="checkbox"/> Alpha-1-antitrypsin A1TRY	<input type="checkbox"/> Mitochondrial MTOC MTOCS
	<input type="checkbox"/> Other MTLDO MTLDS _____	
<input type="checkbox"/> Hepatitis HEP	<input type="checkbox"/> Viral: <input type="checkbox"/> A <input type="checkbox"/> B (±delta) <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> EBV <input type="checkbox"/> CMV <input type="checkbox"/> Herpes simplex	
<input type="checkbox"/> HEPV	HEPA HEPB HEPC HEPE HEBV HCMV HHSV	
	<input type="checkbox"/> Other HOTH HOTHS _____	
	<input type="checkbox"/> Autoimmune HAUTO	
	<input type="checkbox"/> Drug-induced, agent HDRG HDRGA	
<input type="checkbox"/> Other _____	FDXO FDXOS	
<input type="checkbox"/> Indeterminate FDXID		

SECTION IV: COMMENTS Yes No **COMM**

IF Yes

COMM1-COMM5

COMPLETION LOG	
Data Collector ID _____ DDCI	Date Entered ____ - ____ - ____
Initials _____	
Data Collection ____ - ____ - ____	Date Verified ____ - ____ - ____
MM DD YY	
DDCM/DDCD/DDCY	