

Registry Criteria

Date of Evaluation ____ - ____ - ____ **DOEDATE**
mm-dd-yy

SECTION I: INCLUSION CRITERIA

1.	Evidence of acute liver injury? ALI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	INR ≥ 1.5 or PT ≥ 15 with encephalopathy OR INR ≥ 2.0 or PT ≥ 20 with or without encephalopathy INRP Encephalopathy code ____ (1-4) PT ____ . ____ seconds Date ____ - ____ (mm-dd) INR ____ . ____ IU Date ____ - ____ (mm-dd)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Age < 18 years? AGE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	<p>Patient/guardian provided informed consent for participation in the PALF registry? CON</p> <p>CONR If No: <input type="checkbox"/> Refused <input type="checkbox"/> Unobtained <input type="checkbox"/> Other, specify _____</p> <p style="margin-left: 40px;">CONRR ↓ CONRU ↓ CONRS</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 30%;"> reason CONRR _____ <input type="checkbox"/> Unknown </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 30%; margin-left: 10px;"> <input type="checkbox"/> Parent/guardian not available <input type="checkbox"/> Patient died before being approached <input type="checkbox"/> Patient tx'd before being approached <input type="checkbox"/> Patient too ill to approach parent/guardian <input type="checkbox"/> Other CONUS _____ </div>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.1	<p>If consent obtained for participation in registry:</p> <p>4.1.1 Was consent obtained for the genetics study?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No CONG</p> <p style="margin-left: 40px;">↓</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 40%;"> <p>CONGR</p> <input type="checkbox"/> Does not want to provide additional samples <input type="checkbox"/> Lack of interest in genetics research <input type="checkbox"/> Lack of trust (e.g. concern about confidentiality of information) <input type="checkbox"/> No perceived personal benefit from participating <input type="checkbox"/> Other CONGS _____ <input type="checkbox"/> Unknown </div>		

SECTION II: EXCLUSION CRITERIA

5.	Known chronic underlying liver disease? ULDX	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Coagulopathy corrected with Vitamin K? VITK	<input type="checkbox"/> Yes	<input type="checkbox"/> No or N/A
7.	Does the patient have a history or other evidence of severe illness or any other condition that would make the patient, in the opinion of the investigator, unsuitable for the study? If Yes, specify HXEL HXELS _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the responses to all inclusion criteria are YES and all exclusion criteria are NO, the patient is eligible to participate in the Pediatric ALF registry.