

# Acute Liver Failure Study Group

William M. Lee M.D.

Study Form B-Pediatrics

# Clinical Assessment and Outcome (Pediatrics)

## Pg 1

Center No. <input style="width:100%;" type="text"/>	Patient Study No. <b>P</b> <input style="width:100%;" type="text"/>	Date of Birth: <input style="width:100%;" type="text"/> <small>month    day    year</small>	Date of Summary: <input style="width:100%;" type="text"/> <small>month    day    year</small>	Office Use Only: Cancer:    Y    N Primary Dx: _____
--	--	---	---	--

Please submit this form at discharge or no later than 3 weeks after date of admission to study, even if patient is still in the hospital.

1. Outcome at time	Yes	No			Yes	No
Alive?	<input type="radio"/>	<input type="radio"/>	If no, date of death: <input style="width:100%;" type="text"/> <small>month    day    year</small>	Autopsy?	<input type="radio"/>	<input type="radio"/>
Transplanted?	<input type="radio"/>	<input type="radio"/>	Cause of death: <input style="width:100%;" type="text"/>	Tissue sent to UTSW?	Yes	No
Discharged?	<input type="radio"/>	<input type="radio"/>	If yes, date of tx: <input style="width:100%;" type="text"/> <small>month    day    year</small>	Frozen	<input type="radio"/>	<input type="radio"/>
Transferred?	<input type="radio"/>	<input type="radio"/>	If yes, discharge date: <input style="width:100%;" type="text"/> <small>month    day    year</small>	Slides	<input type="radio"/>	<input type="radio"/>
			If yes, where: <input style="width:100%;" type="text"/>	Block	<input type="radio"/>	<input type="radio"/>

### 2. Final Diagnosis (mark all that apply):

- |   |   |   |
|---|---|---|
| <input type="radio"/> Acetaminophen   | <input type="radio"/> Hepatitis A           | <input type="radio"/> Wilson's disease        |
| <input type="radio"/> Autoimmune hepatitis  | <input type="radio"/> Hepatitis B (±delta)  | <input type="radio"/> Indeterminate           |
| <input type="radio"/> Budd-Chiari   | <input type="radio"/> Hepatitis C           | <input type="radio"/> Metabolic liver disease |
| <input type="radio"/> Drug-induced hepatitis<br>(list agent) <input style="width:100%;" type="text"/> | <input type="radio"/> Hepatitis E           | _____   |
|   | <input type="radio"/> Mushroom intoxication | <input type="radio"/> Other viruses _____     |
|   | <input type="radio"/> Shock/ ischemia       | <input type="radio"/> Other _____             |

### 3. How final diagnosis established: (Mark all that apply)

Hx     Tissue/histology     Lab     Other \_\_\_\_\_

4. Medications last 6 months pta <i>(Do not fill in unless different from admission findings.)</i>	Office Use	Date last taken <small>month    day    year</small>	Total Dose/Day <small>mg    µg</small>	Duration	Days	Months
	<input type="checkbox"/>	<input style="width:100%;" type="text"/> <small>month    day    year</small>	<input style="width:100%;" type="text"/> <input type="radio"/> mg <input type="radio"/> µg	<input style="width:100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>
	<input type="checkbox"/>	<input style="width:100%;" type="text"/> <small>month    day    year</small>	<input style="width:100%;" type="text"/> <input type="radio"/> mg <input type="radio"/> µg	<input style="width:100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>
	<input type="checkbox"/>	<input style="width:100%;" type="text"/> <small>month    day    year</small>	<input style="width:100%;" type="text"/> <input type="radio"/> mg <input type="radio"/> µg	<input style="width:100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>
	<input type="checkbox"/>	<input style="width:100%;" type="text"/> <small>month    day    year</small>	<input style="width:100%;" type="text"/> <input type="radio"/> mg <input type="radio"/> µg	<input style="width:100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>
	<input type="checkbox"/>	<input style="width:100%;" type="text"/> <small>month    day    year</small>	<input style="width:100%;" type="text"/> <input type="radio"/> mg <input type="radio"/> µg	<input style="width:100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>

Please FAX all pages of completed form to 214-456-8006 or mail to:

Dr. Norberto Rodriguez-Baez, Children's Medical Center of Dallas, 1935 Motor St. Dallas TX, 75235

Center No.   _ _ _ _ _	Patient Study No.  P  _ _ _ _ _
------------------------------	---------------------------------------

Clinical Assessment and Outcome  
(Pediatrics)  
Pg 2

5. Flow Sheet	Pre-Study Max / Min*	Study SD#1	SD#2	SD#3	SD#4	SD#5	SD#6	SD#7	Discharge
<b>Dates (mm/dd/yy):</b>									
Hemoglobin (g/dL): *									
Hematocrit (%): *									
WBC (1000/mm <sup>3</sup> ):									
Platelet count (1000/mm <sup>3</sup> ): *									
Creatinine (mg/dL):									
Prothrombin time (sec):									
INR:									
ALT (IU/L):									
AST (IU/L):									
GGT (IU/L):									
Albumin (gm/dL): *									
Bilirubin (mg/dL):									
pH: *									
pO <sub>2</sub> (mmHg):									
pCO <sub>2</sub> (mmHg):									
O <sub>2</sub> saturation (%):									
FiO <sub>2</sub> :									
Arterial ammonia (μmol/L):									
Venous ammonia (μmol/L):									
Lactate (mmol/L):									
Ca <sup>++</sup> (mg/dL): *									
Mg <sup>++</sup> (mEq/L): *									
PO <sub>4</sub> (mg/dL): *									

Center No. Patient Study No.

--	--	--

<b>P</b>					
----------	--	--	--	--	--

# Clinical Assessment and Outcome (Pediatrics) Pg 3

5. Flow Sheet (cont)	Study SD#1	SD#2	SD#3	SD#4	SD#5	SD#6	SD#7	Discharge	Comments
<b>Dates (mm/dd/yy):</b>									
In ICU?:	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
MAP (mmHg):									
Maximum coma grade (0-IV):									
Seizures?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
GI bleed?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
Cardiac arrhythmias?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
Acute renal failure?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
CXR abnormalities?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
Respirator?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
CVP line?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
PCWP?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
ICP monitor?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
Mannitol?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
Barbiturates?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
Other sedatives?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
Pressors?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
Lactulose?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
Acid suppressants?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
NAC for acetaminophen?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
ELAD/BAL?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
Hemodialysis?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
Hemofiltration/CVVHD?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
Plasmapheresis?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	
Other Treatments?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	List:
Transfused (RBC's)?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Total units:
FFP used?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Total units:
Platelets used?	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Total units:

Center No.

Patient Study No.

# Clinical Assessment and Outcome (Pediatrics) Pg 4

**6. Serological Parameters** (Update those different from admission):

	+	-	ND
Anti-HAV (IgM):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HBsAg:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-HBc:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-HBc (IgM):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HBeAg:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-HBs:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HBV-DNA:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-HDV:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-HCV:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HCV-RNA:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-HEV:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-HIV:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
$\beta$ -hCG:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7. Miscellaneous**

		Neg	1:	Not Done
Anti-smooth muscle:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
ANA:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
pANCA:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
Anti-LKM:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
Alpha-1-AT P <sub>i</sub> type:	<input type="text"/>			<input type="radio"/>
Alpha-1-AT (mg/dL):	<input type="text"/>			<input type="radio"/>
Serum Copper ( $\mu$ g/ml):	<input type="text"/>			<input type="radio"/>
Urine Copper ( $\mu$ g/24 hr.):	<input type="text"/>			<input type="radio"/>
Ceruloplasmin (mg/dL):	<input type="text"/>			<input type="radio"/>
Alpha-fetoprotein (ng/ml):	<input type="text"/>			<input type="radio"/>
Lactate (mmol/L):	<input type="text"/>			<input type="radio"/>
Pyruvate ( $\mu$ mol/L):	<input type="text"/>			<input type="radio"/>
Ferritin (ng/ml):	<input type="text"/>			<input type="radio"/>
Serum iron ( $\mu$ g/dL):	<input type="text"/>			<input type="radio"/>
T <sub>4</sub> ( $\mu$ g/dL):	<input type="text"/>			<input type="radio"/>
TSH (IU/ml):	<input type="text"/>			<input type="radio"/>
Other:	<input type="text"/>			

 Daily serum collected? Yes  No 

 If yes, through which study day?  Date:  month  day  year

**8. Scans, monitoring, liver biopsy:**

	Not Done	Study Day	Findings
CT or MR of brain	<input type="radio"/>	<input type="text"/>	Hemorrhage <input type="radio"/> Herniation <input type="radio"/> Other <input type="radio"/> _____ Edema <input type="radio"/> Normal <input type="radio"/> _____
CT of abdomen	<input type="radio"/>	<input type="text"/>	
Ultrasound of abdomen	<input type="radio"/>	<input type="text"/>	
EEG	<input type="radio"/>	<input type="text"/>	Seizure <input type="radio"/> Normal <input type="radio"/> Slowing <input type="radio"/> Other <input type="radio"/> _____
Liver Biopsy	<input type="radio"/>	<input type="text"/>	EM*: Yes <input type="radio"/> No <input type="radio"/> * Electron Microscopy

Center No.

Patient Study No.

# Clinical Assessment and Outcome

(Pediatrics)

Pg 5

9. Infections: Indicate positive cultures by signifying study day of first positive sample.

	Study Day	Organism (Mark all that apply)						Other (specify)
		S aureus	S epid	S pneum	E coli	Kleb-siella	Fungus	
Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracheal aspirate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ascites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Anti-microbials used:

- Prophylaxis: \_\_\_\_\_  
 Bowel Decontamination: \_\_\_\_\_  
 Therapy of Infection(s): \_\_\_\_\_

11. Outcome of Infection(s):  Resolved  Cause of death  Unknown Importance

12. Liver Transplantation (LTx):

Type of LTx 1 Y 2 N

LTx criteria fulfilled? ..... 1 Y  Study Day:  2 N

Put on waiting list? ..... 1 Y   month  day  year 2 N

If **no**, primary reason: (select one) ←

1 Not sick enough       4 Active substance use       7 Medically unsuitable  
 2 Irreversible brain damage       5 Inadequate social support       8 Other (specify in Case Narrative)  
 3 Sepsis       6 Active psychiatric disease

\*Removed from waiting list? ..... 1 Y   month  day  year 2 N

If **yes**, primary reason: (select one) ←

1 Improved       4 Medically unsuitable  
 2 Irreversible brain damage       5 Other (specify in Case Narrative)  
 3 Sepsis

\* Only applicable for patients who were put on waiting list

- Whole? .....
- Auxiliary? .....
- Reduced? .....
- Split liver? .....
- Living-related? .....
- Hepatocyte? .....
- Other? .....

ABO compatible liver? .....  Resected liver weight (gms): 

13. Case Narrative/Comments:

Center No.

Patient Study No.

# Clinical Assessment and Outcome (Pediatrics)

## Pg 6

### 14. Pediatric viral studies:

<i>Infectious Disease:</i>	<u>ND</u>	<u>Culture</u>		<u>Antigen</u>		<u>Antibody</u>		<u>PCR</u>		<u>Hybridization</u>	
		<b>+</b>	<b>-</b>	<b>+</b>	<b>-</b>	<b>+</b>	<b>-</b>	<b>+</b>	<b>-</b>	<b>+</b>	<b>-</b>
Adenovirus:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paramyxovirus:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herpes simplex:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HHV-6:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CMV:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EBV:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parvovirus:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ECHO virus:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>Metabolic Studies:</i>	<u>Abnormal</u>		<u>Normal</u>	<u>Pending</u>	<u>ND</u>	<u>Comments</u>
	<b>+</b>	<b>-</b>				
Urine organic acids:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Serum amino acids:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Urine reducing substances:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Skin fibroblasts:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Bile acid profile:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Galactosemia screen:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Acylcarnitine profile:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Urine succinylacetone:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Mitochondrial studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

*Please print*

Name of person filling out form: \_\_\_\_\_

Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

Date Form Completed

month	day	year

Time Completed

hr	min