Pediatric Ad	cute Liver Failur	re Follow-Up Vital Status		D	<del>-</del>	
SECTION I:	PATIENT LOCA	ATION				
1. Evaluation	n: 🗆 6 Month	☐ 1 Year				
2. Date of fo	ollow-up evaluation	on: (mm-	dd-yy)			
3. Follow-up	method: 🗆 In	person ☐ Phone ☐ Hospital	record alone	Death registry	□ PCP	
4. Location of	of patient: 🛮 Ho	ospital □ ICU □ Home	☐ Other			
5. Was the p	oatient diagnosed	d with aplastic anemia during the	follow-up period?	□ Yes □	No	
5.1 If Ye	es, date of diagno	osis (bone marrow aspirate or bx)	:/ (mo	onth/year)		
6. Did the pa	atient have a SAE	E (other than aplastic anemia) dui	ring the follow-up	period? □ Y	es □ No	
6.1 If Ye	es, specify:					
NAC .		<del>_</del>				
patients	Was SAE unexpe	ected?		Yes □ No	refer to MOP for SAE reporting	
only V	Was SAE related	to study drug? $\square$ Yes $\square$ No		Yes □ No	on post-tx pts	
SECTION II:	OUTCOME (at	time of follow-up evaluation)				
□ 1. Ali	ive	Daliated for liver transmiant?	☐ Yes ☐ No			
	1.1	Relisted for liver transplant?  If Yes, current UNOS status		D/DELD		
		ii res, current onos status	Current MLL			
2.1 Date of death: (mm-dd-yy) 2.2 Major underlying cause of death: (see codebook)						
		, ,	′es □ No	,		
	: FINAL DIAGNO	osis since last evaluation? □ Ye	s □ No			
(check all tha	at apply)					
☐ Acetaminophen ☐ Budd-Chiari		☐ Hen	☐ Hemophagocytic syndrome			
☐ Shock/ischemia ☐ Neonata		☐ Neonatal iron storage disea	ase □ Ven	☐ Veno-occlusive disease		
		•	☐ Tyro	☐ Tyrosinemia		
		☐ Wilson's disease		☐ Fatty acid oxidation		
		☐ Alpha-1-antitrypsin	☐ Mito	ochondrial		
		Other				
☐ Hepatitis -	·	,			Herpes simplex	
	1	Other				
	☐ Autoimmune ☐ Drug-induced, agent					
☐ Other	Li Diug-ilia	luced, agent				
☐ Indetermi	inate					
	: COMMENTS	□ Yes □ No				

 COMPLETION LOG

 Data Collector ID
 Date Entered
 - \_ - \_ 

 Initials
 Date Verified
 - \_ - \_ 

 MM
 DD
 YY