

**Registry Criteria**

**SECTION I: INCLUSION CRITERIA**

1.	Evidence of acute liver injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	INR $\geq$ 1.5 or PT $\geq$ 15 with encephalopathy OR INR $\geq$ 2.0 or PT $\geq$ 20 with or without encephalopathy 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Patient/guardian provided informed consent for participation in the PALF registry? If No: <input type="checkbox"/> Refused <input type="checkbox"/> Unobtained <input type="checkbox"/> Other, specify _____  <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 30%;">                     reason _____  <input type="checkbox"/> Unknown                 </div> <div style="border: 1px solid black; padding: 5px; width: 60%;"> <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 _____                 </div> </div>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.1	If consent obtained for participation in registry: 4.1.1 Was consent obtained for the genetics study? <input type="checkbox"/> Yes <input type="checkbox"/> No  <div style="border: 1px solid black; padding: 5px;"> <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 _____  <input type="checkbox"/> Unknown                 </div>		

**SECTION II: EXCLUSION CRITERIA**

5.	Known chronic underlying liver disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Coagulopathy corrected with Vitamin K?	<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 _____	<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.*