



Complete for all patients under 18 years of age with biochemical evidence of acute liver failure

SECTION I: SCREENING DEMOGRAPHICS

1.	Date screened (mm/yy):	___ / ___			
2.	Age:	_____	1 <input type="checkbox"/> days	2 <input type="checkbox"/> months	3 <input type="checkbox"/> years
<i>(For patients: less than 1 month record in days; less than 5 yrs record in months; and 5 yrs and older record in years.)</i>					
3.	Sex:	1 <input type="checkbox"/> Male	2 <input type="checkbox"/> Female		
4.	Hispanic or Latino:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown	
	4.1 If yes, specify:	1 <input type="checkbox"/> Cuban	2 <input type="checkbox"/> Mexican	3 <input type="checkbox"/> Puerto Rican	
		4 <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Unknown		
5.	Race: <i>(check all that apply)</i>	<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> American Indian or Alaska Native		
		<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander		
		<input type="checkbox"/> Asian	<input type="checkbox"/> Other, specify _____		
		<input type="checkbox"/> Unknown			

SECTION II: INCLUSION CRITERIA

		No	Yes
1.	Patient or parent/guardian provided written, informed consent for participation in the PALF Cohort?	<input type="checkbox"/>	<input type="checkbox"/>
	1.1 If no, reason: 1 <input type="checkbox"/> Patient ineligible due to other inclusion/exclusion criteria 2 <input type="checkbox"/> Consent refused 1 <input type="checkbox"/> Overwhelmed, stressed, uncomfortable 2 <input type="checkbox"/> Not interested 3 <input type="checkbox"/> Opposed to blood draws 4 <input type="checkbox"/> Opposed to neurocognitive component 5 <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown 3 <input type="checkbox"/> Consent unobtained 1 <input type="checkbox"/> Parent/guardian not available 2 <input type="checkbox"/> Patient died before being approached 3 <input type="checkbox"/> Patient too ill to approach parent/guardian 4 <input type="checkbox"/> Other, specify _____ 4 <input type="checkbox"/> Other, specify _____		
	1.2 If yes: Date patient/parent approached for participation (mm/dd/yy): ___/___/___ Date patient/parent provided consent (mm/dd/yy): ___/___/___		
2.	INR ≥ 1.5 and INR < 2.0 with encephalopathy OR INR ≥ 2.0 with or without encephalopathy	<input type="checkbox"/>	<input type="checkbox"/>
	2.1 INR ___ . ___ Date of sample (mm/dd/yy): ___/___/___		
	2.2 Encephalopathy ___ (0-4) Date assessed (mm/dd/yy): ___/___/___ <input type="checkbox"/> Not assessable <input type="checkbox"/> Not Done		



SECTION III: EXCLUSION CRITERIA

		No	Yes
1.	Known chronic underlying liver disease?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Coagulopathy corrected with Vitamin K (or any other intervention intended to correct coagulopathy such as FFP or cryoprecipitate)?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Multi-organ system failure following heart surgery or ECMO?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Solid organ or bone marrow transplantation?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Acute trauma?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Previously enrolled in the PALF Cohort study?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Other severe illness, condition, or other reason in the opinion of the investigator that would make the patient unsuitable for the study?	<input type="checkbox"/>	<input type="checkbox"/>
	7.1 If yes, specify _____		

If the responses to all inclusion criteria are YES and all exclusion criteria are NO, the patient is eligible to participate in the PALF Cohort study.

SECTION IV: ENROLLMENT

1.	Patient enrolled in the PALF Cohort study? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Date eligibility determined (mm/dd/yy): ___ / ___ / ___	
	If No, Initial diagnosis: _____ specify if required: _____	If Yes, Patient ID ____ - ____ - ____