

PEDS-C Eligibility Criteria Exemption Form

PDC 07
Rev 0
02/10/2005
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30571

Please Use Black Pen To Fill Out Form.

Week #
week

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Date of Assessment
assessdt

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mm / dd / yyyy

Patient ID
idn

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Patient Letter Code
letcode

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corrfix
Correction

1. Date of Eligibility Summary Form for this patient:

exelgdt

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mm / dd / yyyy

CRA Use Only

2.A. Was an exemption granted by the PEDS-C Exemptions Committee ?

Yes No
 exemp

If No, skip to item 4.

B. Date exemption granted:

exempdt

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mm / dd / yyyy

3.A. Were there any criteria required by the Exemptions Committee ?

Yes No
 excritreq

If No, skip to item 4.

B. Describe the criteria required:

4. Date of Exemptions Petition Outcome Report:

expetocdt

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mm / dd / yyyy

5. A. Was this exemption petition made because the patient's liver biopsy was older than 24 months ?

Yes No
 exlvrgt24

If No, skip to item 6.

B. Date of the original liver biopsy:

exlvrgt24dt

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mm / dd / yyyy

6. Please record similar information (dates or values) on other exempted eligibility criteria as needed:

Signature: _____

Certif. #: _____

staffid1

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