



CHILDRENLink: BASIC

Eligibility BASIC

A: VISIT DATE

A1	Participant Name	_____
A2	Medical Record Number	_____
A3	Visit Date	____ / ____ / _____

B: INCLUSION CRITERIA

B1	Date of Birth	____ / ____ / _____
B2	Has the diagnosis of BA been confirmed by chart review and/or hospital records?	<input type="radio"/> No <input type="radio"/> Yes
B3	Have the research subject or subject's parent(s)/guardian(s) provided informed written consent?	<input type="radio"/> No → go to B4 <input type="radio"/> Yes
B3a	Date approached for consent:	____ / ____ / _____
B4	Has assent been obtained from the research subject? (Check NA if subject < age of assent or subject provides consent)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> NA

C: EXCLUSION CRITERIA

C1	Is the research subject enrolled in PROBE (BARC P003)?	<input type="radio"/> No <input type="radio"/> Yes
C2	Are you requesting an eligibility exemption for this subject?	<input type="radio"/> No <input type="radio"/> Yes

D: SUMMARY

D1	Did the research subject have a liver transplant?	<input type="radio"/> No (Pre-Tx) <input type="radio"/> Yes (Post-Tx)
D2	Research subject provided consent for DNA	<input type="radio"/> No <input type="radio"/> Yes
D3	Biological Mother provided consent for DNA	<input type="radio"/> No → go to D5 <input type="radio"/> Yes <input type="radio"/> Pending → go to D5 <input type="radio"/> NA → go to D5
D4	Date biological mother provided consent for DNA	____ / ____ / _____

D: SUMMARY

D5	Biological Father provided consent for DNA	<input type="radio"/> No → go to D7 <input type="radio"/> Yes <input type="radio"/> Pending → go to D7 <input type="radio"/> NA → go to D7
D6	Date biological father provided consent for DNA	____ / ____ / ____
D7	Method of recruitment	<input type="radio"/> Subject has been followed since Kasai at the study clinical site → go to E1 <input type="radio"/> Subject was in follow-up at study clinical site but referred after Kasai <input type="radio"/> Subject recruited for BASIC (P005) → go to E1 <input type="radio"/> Other (specify): _____ → go to E1
D8	Age at referral	____ <input type="radio"/> Years <input type="radio"/> Months

E: INVESTIGATOR SIGNATURE

E1	Investigator Signed?	<input type="radio"/> No → Done <input type="radio"/> Yes _____
E2	Date investigator signed	____ / ____ / ____