

Subject ID: _____
 Date of Visit: _____



ChiLDReNLink: PROBE

Form 14 Diagnosis PROBE

This form is to be completed at diagnosis or hospital discharge

A2	Child was hospitalized: <input checked="" type="radio"/> -- <input type="radio"/> No <input type="radio"/> Yes
A3	Child underwent exploratory surgery or portoenterostomy: <input checked="" type="radio"/> -- <input type="radio"/> No <input type="radio"/> Yes
B1	Please identify the subject's primary diagnosis at discharge: <input checked="" type="radio"/> -- <input type="radio"/> Biliary atresia <input type="radio"/> Idiopathic neonatal hepatitis <input type="radio"/> Hepatitis due to CMV (CMV inclusion disease on liver biopsy or systematic congenital CMV infection) <input type="radio"/> Hepatitis due to Rubella (IgM positive, other features) <input type="radio"/> Hepatitis due to Herpes (IgM positive) <input type="radio"/> Hepatitis due to Toxoplasmosis (IgM positive, other features) <input type="radio"/> Hepatitis B <input type="radio"/> Hepatitis C <input type="radio"/> Choledochal cyst <input type="radio"/> Alpha1-Antitrypsin deficiency <input type="radio"/> Hereditary tyrosinemia <input type="radio"/> Hereditary fructose intolerance <input type="radio"/> Storage diseases, (Niemann-Pick type C, Gaucher's, GSD type IV, cholesterol ester) specify: <input type="radio"/> Cystic fibrosis <input type="radio"/> PFIC 1, 2, or 3 <input type="radio"/> Alagille syndrome <input type="radio"/> Bile acid synthetic disorder <input type="radio"/> Operable extrahepatic biliary atresia and choledochal cyst <input type="radio"/> Galactosemia <input type="radio"/> Cholestasis, indeterminate

Note: The PI is responsible for identification of the subjects primary diagnosis. BA needs to be checked as primary in order for the subject to be classified as a BA subject, per Network guidelines. Select additional diagnosis under B2 for additional diagnoses).

Subject ID: _____
 Date of Visit: _____

Other, specify:

List other diagnoses at the time of discharge (check all that apply):

B2

- None
- Hepatitis due to CMV (CMV inclusion disease on liver biopsy or systematic congenital CMV infection)
- Hepatitis due to Rubella (IgM positive, other features)
- Hepatitis due to Herpes (IgM positive)
- Hepatitis due to Toxoplasmosis (IgM positive, other features)
- Hepatitis B
- Hepatitis C
- Choledochal cyst
- Alpha1-Antitrypsin deficiency
- Hereditary tyrosinemia
- Hereditary fructose intolerance
- Storage diseases, (Niemann-Pick type C, Gaucher's, GSD type IV, cholesterol ester) specify:
- Cystic fibrosis
- PFIC 1, 2, or 3
- Alagille syndrome
- Bile acid synthetic disorder
- Operable extrahepatic biliary atresia and choledochal cyst
- Galactosemia
- Cholestasis, indeterminate
- Other, specify:

Investigator Signed?

1

-
- No
- Yes

Date investigator signed:

2

Month Day Year

Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will be removed from the Task list, but will remain available from the iTask through the CENSUS.

1

This questionnaire or task has been completed with all available data and should be submitted to the Data Coordinating Center:

-
- Yes