A1. Site/Study ID #:___ ___ / ___ ___ ___ ___ A2. Date of Exam:___ ___ / ___ ___ / ___ ___ ___ ___ (Month / Day / Year) A3. Staff Initials:___ ___ ___

To DCC ☐

A4. Source of data *(check all that apply)*: a. ☐ Attending physician b. ☐ BARC investigator c. ☐ Medical record

SECTION B: INITIAL PHYSICAL FINDINGS 8. ☐ ND → **Complete Form 40 Protocol Deviation**

B1. Weight: ___ ___ lbs ___ ___ oz OR ___ ___ . ___ kg Date (mm/dd): ___ ___ / ___ ___

B2. Length: ___ ___ inches OR ___ ___ cm Date (mm/dd): ___ ___ / ___ ___

B3. Head circumference: ___ ___ inches OR ___ ___ cm Date (mm/dd): ___ ___ / ___ ___

B4. Right mid arm circumference: ___ ___ . ___ cm Date (mm/dd): ___ ___ / ___ ___

Do skinfold measurements in triplicate and report the mean:

B5. Right triceps skinfold thickness: ___ ___ . ___ mm Date (mm/dd): ___ ___ / ___ ___

B6. Peripheral edema: 1. ☐ Absent 2. ☐ Present

B7. Jaundice *(check all that apply)*?

a. ☐ Skin
b. ☐ Sclera
c. ☐ None

B8. Cyanosis *(check all that apply)*?

a. ☐ Central (e.g., lips)
b. ☐ Peripheral (e.g., fingers, toes)
c. ☐ None

B9. Clubbing: 1. ☐ Absent 2. ☐ Present

A1. Site/Study ID #: ___ ___ / ___ ___ ___ ___

B10. Facial features *(check all that apply)*:

a. ☐ Normal → **Go to B12**

b. ☐ Dysmorphic facial features *(check all that apply below)*:

- bi. ☐ Triangular face
- bii. ☐ Wide nasal bridge
- biii. ☐ Prominent forehead
- biv. ☐ Low set ears
- bv. ☐ Deep set eyes
- bvi. ☐ Other (Specify:_____)
- bvii. ☐ No information given

c. Do these features suggest a known syndrome *(check all that apply)*?

- ci. ☐ No
- cii. ☐ Alagille syndrome
- ciii. ☐ Other (Specify:_____)
- civ. ☐ No information given

d. ☐ Other facial anomalies (Specify:_____)

LIVER & SPLEEN 8. ☐ ND → **Complete Form 40 Protocol Deviation**

B12. Liver:

a.	Liver location:	1. ☐ Normal (right side)	2. ☐ Midline	3. ☐ Left side
b.	Liver span:	___ ___ cm at right (left) mid-clavicular line		
c.	Liver edge:	___ ___ cm below right (left) costal margin	1. ☐ Liver edge not palpable	
d.		___ ___ cm below xiphoid	1. ☐ Liver edge not palpable	
e.	Liver texture:	1. ☐ Soft	2. ☐ Firm	3. ☐ Hard
		4. ☐ Nodular and hard	5. ☐ Not palpable	

B13. Spleen:

a.	Spleen location:	1. ☐ Normal (left side)	2. ☐ Midline (wandering)
		3. ☐ Right side	4. ☐ Not palpable → **Go to B14**
b.	Spleen size	___ ___ cm below the left (right) costal margin	

A1. Site/Study ID #: ___ ___ / ___ ___ ___ ___

B14. Ascites:
1. ☐ Absent
2. ☐ Present

B15. Stool color:
1. ☐ White or gray (acholic)
2. ☐ Pale (less color than normal)
3. ☐ Normal (yellow, brown, green)

SECTION C: ANOMALIES AND ABNORMALITIES 8. ☐ ND

Review each of the following items below and check the appropriate box.

Body System	Normal	Abnormal	Not Done	If abnormal, specify abnormality
C1. Appearance	1. ☐	2. ☐	8. ☐	
C2. Skin	1. ☐	2. ☐	8. ☐	
C3. HEENT	1. ☐	2. ☐	8. ☐	
C4. Neck and thyroid	1. ☐	2. ☐	8. ☐	
C5. Lungs and Chest	1. ☐	2. ☐	8. ☐	
C6. Lymphatic	1. ☐	2. ☐	8. ☐	
C7. Heart	1. ☐	2. ☐	8. ☐	
C8. Abdomen	1. ☐	2. ☐	8. ☐	
C9. Musculoskeletal	1. ☐	2. ☐	8. ☐	
C10. Neurological	1. ☐	2. ☐	8. ☐	
C11. Other	1. ☐	2. ☐	8. ☐	

A1. Site/Study ID #: ___ ___ / ___ ___ ___ ___

SECTION D: EYE EXAM 8. ☐ ND

D1. Red reflex 1. ☐ Normal 2. ☐ Abnormal (Specify:_____)

D2. Did the infant receive an eye exam performed by an ophthalmologist? 1. ☐ No → **END** 2. ☐ Yes

a. Results: 1. ☐ Normal → **END** 2. ☐ Abnormal

		Absent	Present		Eye affected: Right	Left	Both
b.	Cataracts	1. ☐	2. ☐	→	1. ☐	2. ☐	3. ☐
d.	Posterior embryotoxon	1. ☐	2. ☐	→	1. ☐	2. ☐	3. ☐
e.	Retinitis	1. ☐	2. ☐	→	1. ☐	2. ☐	3. ☐
f.	Abnormal retinal pigmentation	1. ☐	2. ☐	→	1. ☐	2. ☐	3. ☐
g.	Other _____	1. ☐	2. ☐	→	1. ☐	2. ☐	3. ☐