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ChiLDReNLink: PROBE

Form 35 Final Status PRO
Please identify the reason why the subject is leaving this study:
Completed study
Transferred to another ChiLDReN site (Specify site and date of transfer in B-2)
Ineligible prior to start of study (Was consented and then identified as ineligible) (Specify condition in B-3)
Violated eligibility condition after start of study (Specify condition in B-3)
Investigator withdrew subject from study for reason other than eligibility (Specify reason in B-4)
Subject voluntarily withdrew from study (Specify reason in B-4)
Clost to follow-up
O Death
O Non-continuing site
Other early termination
If the subject completed the study, please specify the endpoint:
●
Healthy
Reached age 15
Please specify the new site:
•
Chicago
Cincinnati
Openver
○ Philadelphia
O Pittsburgh
San Francisco
Oth Levis Heisensite
St. Louis University Indianapolis
Seattle
○ Toronto ○ Salt Lake City

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	○ Atlanta
B2b	Please specify the transfer date:
В3	Please specify the condition causing ineligibility:
B4	Please specify the reason for withdrawal:
B5	Subject has requested removal of his/her information from the database:
В6	Subject has requested removal of his/her samples from the repository: O No Yes
C1	Reason for loss to follow-up:
C2	Date of loss to follow-up:
C3	Date of last contact:
E1	Date of death:
E2	Cause of death:
E5	Complications present or treated at time of death (check all that apply): None Failure to thrive Ascites Cholangitis Failed hepatoportoenterostomy Coagulopathy Varices GI Bleed

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	Encephalopathy	
	Hepatopulmonary syndrome	
	Pulmonary hypertension	
	Hepatorenal syndrome	
	Intractable pruritus	
	Sepsis	
	Other, specify:	
	Unknown	
	Autopsy performed:	
	•	
E11		
	○ No	
	Yes	
	Patient's weight:	
	Not Done	Not Done
	●	
	○kgs	Ooz
E12	○lbs	O Not Done
	Ooz	
	Missing	
	Not Done	
	I	
	Patient's length:	
	Not Done	Not Done
	.	O
E13	○ cm	inches
L13	feet	O Not Done
	inches	
	Missing	
	O Not Done	
	Jaundice present	
	•	
	O No	
E14		
	Yes	
	Unknown	
	Liver findings (check all that apply):	
	□	
	None	
E15	Cirrhosis	
	Necrosis	
	Other, specify:	
	Unknown	
E20	Autopsy report:	
	●	
	Requested	

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	Obtained	
	O Not obtained	
	Investigator signed:	i
	●	
G1	○No	
	○Yes	
G2	Date investigator signed: Month Day Year Today	
	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.	
Z1	This questionnaire or task has been completed with all available data:	
	O	
	● Yes	
		1

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