

A1. Site/Study ID #: _____ / _____

A2. Date: _____ / _____ / _____
Month Day Year

A3. Initials: _____

A4. 3 Month Follow-up Visit

To DCC

Please complete the following form and place it in the atZTAhed, addressed envelope. Seal the envelope, store it with other CRFs to be sent to the DCC and include it in your monthly shipment.

SECTION C: COORDINATOR

C1. Has the unmasking envelope been opened?

1. No ZTAC01OP V2(2) → **Complete ALL sections of Form S34**2. Yes → Date Opened (mm/dd/yyyy ZTAC01MM V2(2)/ ZTAC01DD V2(2)/ → ZTAC01YY V2(4)/ → ZTAC01DT → **END (Do NOT complete any sections of Form S34)**

C2. Based on your observation of the child, you: ZTAC02OB V2(2)

1. Strongly believe that the child was randomized to receive steroids2. Think it is likely that the child was randomized to receive steroids3. Cannot decide to which the child was randomized4. Think it is likely that the child was randomized to receive placebo5. Strongly believe that the child was randomized to receive placebo8. NA (have not interacted with child)**SECTION D: FORMS RECEIVED**D1. S34M From Mother or Guardian 1. No (Specify: ZTAD01MG V2(2) ZTAD01SP V2(300)) 2. Yes 8. NA¹D2. S34F From Father or Guardian 1. No (Specify: ZTAD02FG V2(2) ZTAD02SP V2(300)) 2. Yes 8. NA¹D3. S34H From Hepatologist 1. No (Specify: ZTAD03HE V2(2) ZTAD03SP V2(300)) 2. Yes 8. NA²D4. S34S From Surgeon 1. No (Specify: ZTAD04SG V2(2) ZTAD04SP V2(300)) 2. Yes 8. NA²¹ Use NA if Mother/Father/Guardian did not come to clinic visit.² Use NA if Hepatologist/Surgeon did not interact with the child.Investigator Signature: ZTAINSIG V2(2) Date: ZTASIGMM V2(2)/ ZTASIGDD V2(2)/ ZTASIGYY V2(4)/ ZTASIGDT
Month Day Year

ZTACMMNT V2(800) Comment