

A1. Site/Study ID #: \_\_\_\_ / \_\_\_\_\_

A2. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

A3. Initials: \_\_\_\_

Please complete the following form and place it in the atZTHhed, addressed envelope. Seal the envelope and return it to the study coordinator.

**SECTION H: Hepatologist**

H1. Based on your observation of the child, you: ZTHH01OB V2(2)

- 1.  Strongly believe that the child was randomized to receive steroids
- 2.  Think it is likely that the child was randomized to receive steroids
- 3.  Cannot decide to which treatment the child was randomized
- 4.  Think it is likely that the child was randomized to receive placebo
- 5.  Strongly believe that the child was randomized to receive placebo

Hepatologist Signature: ZTHINSIG V2(2) Date: ZTHSIGMM V2(2)/ ZTHSIGDD V2(2)/ ZTHSIGYY V2(4)/ ZTHSIGDT  
Month Day Year  
 ZTHCMMNT V2(800) Comment