

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 physicianb.  BARC investigatorc.  Medical record**SECTION B: INITIAL PHYSICAL FINDINGS**8.  ND → Complete Form 40 Protocol DeviationB1. 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.  Absent2.  Present

B7. Jaundice (check all that apply)?

a.  Skinb.  Sclerac.  None

B8. Cyanosis (check all that apply)?

a.  Central (e.g., lips)b.  Peripheral (e.g., fingers, toes)c.  NoneB9. Clubbing: 1.  Absent2.  Present

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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



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**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

			→	<b>Eye affected</b>		
	<b>Absent</b>	<b>Present</b>		<b>Right</b>	<b>Left</b>	<b>Both</b>
b. Cataracts	1. <input type="checkbox"/>	2. <input type="checkbox"/>	→	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
d. Posterior embryotoxon	1. <input type="checkbox"/>	2. <input type="checkbox"/>	→	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
e. Retinitis	1. <input type="checkbox"/>	2. <input type="checkbox"/>	→	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
f. Abnormal retinal pigmentation	1. <input type="checkbox"/>	2. <input type="checkbox"/>	→	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
g. Other _____	1. <input type="checkbox"/>	2. <input type="checkbox"/>	→	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>