

A1. Site/Study ID #: _____ / _____ / _____ A2. Date: _____ / _____ / _____
Month Day Year A3. Study Staff ID/Initials: _____

A4. Follow-up visit (month): 2 Week 1 2 3 6 OR Age: _____ mo/yr To DCC

GI BLEED

B1. Sequence number _____

B2. Date of presentation/onset _____ / _____ / _____
Month Day Year

B3. Date of resolution _____ / _____ / _____ OR 1. Continuing

B4. Patient was hospitalized 1. No → **Go to F1** 2. Yes

a. Date of admission _____ / _____ / _____

b. Date of discharge _____ / _____ / _____ OR 1. Continuing

F1. Interventions taken (*check all that apply*)

- a. None
- b. Vasoconstrictive agent
- c. Endoscopy → **Complete Form 26**
- d. Ligation
- e. Sclerotherapy
- f. Beta-blockade
- g. TIPSS (transjugular intrahepatic portasystemic stent shunt)
- h. Other surgical shunt
- i. Transfusion
- j. Other: _____

F2. Confirmed by medical record 1. No 2. Yes

Investigator/Coordinator Signature: _____ Date: _____ / _____ / _____
Month Day Year