STOP-ALF CRF Collection Schedule version 3

##	CRF	Screening / Subject Enrollment	Treatment													Post-Treatment		End of Study
			Baseline	Day 1 0 hour	Day 1 6 hour (+ /- 1 hr)	Day 1 12 hour (+/- 3 hr)	Day 1 18 hour (+ /- 1 hr)	Day 2 0 hour (+/- 3 hr)	Day 2 6 hour (+ /- 1 hr)	Day 2 12 hour (+/- 3 hr)	Day 2 18 hour (+ /- 1 hr)	Day 3 0 hour (+/- 3 hr)	Day 3 12 hour (+/- 3 hr)	Day 4 0 hour (+/- 3 hr)	Day 5 0 hour (+/- 3 hr)	End of last Infusion	24 Hours after end of last infusion	Day 30	
N/A	Screen Failure Log	X																	
00	Eligibility Form	X																	
01	Demographics	X																	
02	Medical History	X																	
03	Labs	X	X			X		X		X		X		X	X	X	X	X	
04	Ammonia Collection Log (+ /- 1 hr)	X	*		*	*	*	*	*	*	*	*	*	*	*	*			
05	Plasma PK Sample		X			X		X		X		X		X	X	X	X		
16	Urinalysis	X	X					X				X		X	X	X	X		
06	Urine/Dialysate Sample					X		X		X		X		X	X	X	X		
07	Vital Signs	X	X			X		X		X		X		X	X	X	X	X	
08	Physical Exam	X	X			X		X		X		X		X	X	X	X	X	
09	Glasgow Coma Scale	X	X			X		X		X		X	X	X	X	X	X	X	
10	West Haven Scale for Hepatic Encephalopathy	X	X			X		X		X		X	X	X	X	X	X	X	
11	The Orientation Log (O-Log)	X	X			X		X		X		X	X	X	X	X	X	X	
12	Neurological Exam	X	X			X		X		X		X	X	X	X	X	X	X	
13	ECG	X	X			X		X		X		X		X	X	X	X		
14	Study Drug Infusion and Monitoring Log			X	*	*	*	*	*	*	*	*	*	*	*	*			
15	End of Treatment Form			X															
17	Prior Medications	X																	
21	Concomitant Medications Log		X		*	*	*	*	*	*	*	*	*	*	*	*			
20	Day 30 Ammonia																	X	
18	Adverse Events		OR	OR		OR		OR		OR		OR	OR	OR	OR	OR	OR	OR	
19	End of Study																		X

X = Required O = Optional R = Repeatable * Log entries

Updated: 11Jun2013

STOP-ALF Screen Failure Log

(Version 3)

Site:

Month/Year:

Please list the patients who were actively screened for the STOP-ALF study by your study team but NOT ENROLLED at your site.
Enter this data into WebDCU™ by the 10th day of the following month.

Any screen failures to report?

○ No
○ Yes

H. ALFSG Subject ID number	A. ALFSG Registry	B. Cohort	C. Screening day (dd)	D. Gender 1=Female 2=Male	E. Race 1= American Indian/Alaska Native 2= Asian 3= Black/African American 4= Native Hawaiian/Other Pacific Islander 5= White/Caucasian 7= Other 8= Unknown/Not reported	F. Ethnicity 1= Hispanic/ Latino 2= Not Hispanic/ Latino 8=Unknown/Not reported	G. Age (years)	K. Ammonia at screening (µmol/L)	L. Serum Creatinine at screening (mg/dL)	M. Reason for screen failure, other than reasons associated with venous ammonia or serum creatinine. See code list below.	J. If reason is 'consent declined for other reason' or 'other' please specify (200 character Max)
	○ ALI ○ ALF	○ Cohort 1 ○ Cohort 2	— —	—	—	—	— —	— — —	— — —	— —	
	○ ALI ○ ALF	○ Cohort 1 ○ Cohort 2	— —	—	—	—	— —	— — —	— — —	— —	
	○ ALI ○ ALF	○ Cohort 1 ○ Cohort 2	— —	—	—	—	— —	— — —	— — —	— —	
	○ ALI ○ ALF	○ Cohort 1 ○ Cohort 2	— —	—	—	—	— —	— — —	— — —	— —	
	○ ALI ○ ALF	○ Cohort 1 ○ Cohort 2	— —	—	—	—	— —	— — —	— — —	— —	
	○ ALI ○ ALF	○ Cohort 1 ○ Cohort 2	— —	—	—	—	— —	— — —	— — —	— —	
	○ ALI ○ ALF	○ Cohort 1 ○ Cohort 2	— —	—	—	—	— —	— — —	— — —	— —	
	○ ALI ○ ALF	○ Cohort 1 ○ Cohort 2	— —	—	—	—	— —	— — —	— — —	— —	

Code List:
1 = Age < 18 or > 65
2 = ALF not secondary to acetaminophen toxicity with encephalopathy
3 = ALI not secondary to acetaminophen toxicity and/or with evidence of encephalopathy
4 = History of liver disease
5 = Onset of symptoms not within 7 days of acetaminophen ingestion
9 = Mean arterial pressure is <65 mmHg
10 = Pregnancy
11 = Unavailability for follow-up
12 = Inability to provide informed consent
13 = Other conditions that would complicate assessment of outcomes during follow-up
14 = Consent declined
15 = Other

Version 3

STOP-ALF		__ __ Site ID	__ __ __ __ Subject ID		

Form 00: Eligibility Form (Version 4)

19	All versions	Which version of the protocol is approved by your IRB at the time of subject enrollment? Answer the questions on this form corresponding to the protocol version that is IRB approved at your site at the time of subject enrollment. The column to the left of each question specifies the protocol version to which the eligibility criteria apply.	○ Version 2 ○ Version 3 ○ Version 4 ○ Version 5 or higher
1	Version 2	Cohort:	○ Cohort 1 (intact renal function) ○ Cohort 2 (compromised renal function)
20	Version 3 + Version 4 + Version 5 or higher	Cohort:	○ Cohort 1 (minimal renal dysfunction) ○ Cohort 2 (compromised renal function)
2	All versions	Date of birth: Subject must be age 18-65 years to be eligible for this study.	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy)
		INCLUSION CRITERIA: Must be 'yes' to be included in the study.	
3	Version 2	Subject has acute liver failure secondary to acetaminophen toxicity, defined as the development of coagulopathy (International normalized ratio [INR] ≥ 1.5) with encephalopathy in a patient with no prior history of liver disease, with onset of symptoms within 7 days of the inciting event and with either a history of acetaminophen overdose (defined as >4 g/day within 7 days of presentation) and/or detectable acetaminophen levels in the serum, with a pattern of liver function tests typical for acetaminophen toxicity (bilirubin ≤ 10 mg/dL and alanine aminotransferase (ALT) ≥ 1000 IU/L). OR Subject has acute liver injury and meets the above criteria and has coagulopathy (INR ≥ 2.0) and no evidence of encephalopathy.	○ No ○ Yes ○ Unknown
21	Version 3	Subject has acute liver failure secondary to presumed acetaminophen toxicity, defined as the development of coagulopathy (International normalized ratio [INR] ≥ 1.5) with encephalopathy in a patient with no prior history of liver disease, with onset of symptoms within 7 days of the inciting event and with either a history of acetaminophen overdose (defined as >4 g/day within 7 days of presentation) and/or detectable acetaminophen levels in the serum, with a pattern of liver function tests typical for acetaminophen toxicity (bilirubin < 10 mg/dL and alanine aminotransferase (ALT) ≥ 000 IU/L). OR Subject has acute liver injury and meets the above criteria and has coagulopathy (INR ≥ 2.0) and no evidence of encephalopathy.	○ No ○ Yes ○ Unknown
28	Version 4 + Version 5 or higher	Subject has acute liver failure, defined as the development of coagulopathy (International normalized ratio [INR] ≥ 1.5) with encephalopathy in a patient with no prior history of liver disease with onset of symptoms within 28 days of the inciting event. Patients may have either a history of acetaminophen overdose (defined as >4 g/day within 7 days of presentation) and/or detectable acetaminophen levels in the serum, with a pattern of liver function tests typical for acetaminophen toxicity (bilirubin < 10 mg/dL and alanine aminotransferase (ALT) ≥ 1000 IU/L), or a diagnosis of hepatitis A, hepatitis B, drug-induced liver injury, autoimmune hepatitis or indeterminate cause based on standard criteria. OR Subject has acute liver injury and meets the above criteria plus coagulopathy (INR ≥ 2.0) and no evidence of encephalopathy and may provide consent themselves.	○ No ○ Yes ○ Unknown

General Comments:

Name of person who collected this data (not for data entry):

Form 00: Eligibility Form (Version 4)

4	Version 2	Venous ammonia level > 75 µmol/L at baseline (within 8 hrs prior to infusion start time)	○ No ○ Yes ○ Unknown
22	Version 3	Venous ammonia level ≥ 60 µmol/L at baseline (within 8 hrs prior to infusion start time)	○ No ○ Yes ○ Unknown
29	Version 4 + Version 5 or higher	Ammonia level ≥ 60 µmol/L at baseline (within 8 hrs prior to infusion start time)	○ No ○ Yes ○ Unknown
5	Version 2	A. Cohort 1: Creatinine <1.0 mg/dL AND urine output > 300 ml over 8 hours after 1500 ml of normal saline B. Cohort 2 only: Creatinine ≥1.0 mg/dL OR urine output < 300 ml over 8 hours after 1500 ml normal saline and mean arterial pressure >65 mmHg after correction of hypovolemia	○ No ○ Yes ○ Unknown
23	Version 3 + Version 4 + Version 5 or higher	A. Cohort 1: Creatinine ≤ 1.5 mg/dL; or B. Cohort 2: Creatinine >1.5 mg/dL and < 10mg/dL	○ No ○ Yes ○ Unknown
24	Version 3 + Version 4	Mean arterial pressure of >65 mmHg with no use of vasopressors, and in Cohort 2 patients, after correction of hypovolemia.	○ No ○ Yes ○ Unknown
31	Version 5 or higher	Mean arterial pressure of > 65 mmHg	○ No ○ Yes ○ Unknown

General Comments:

Name of person who collected this data (not for data entry):

Form 00: Eligibility Form (Version 4)

EXCLUSION CRITERIA:
Must be 'no' or 'n/a' to be included in the study.

6	All versions	History of chronic liver disease	○ No ○ Yes ○ Unknown
7	All versions	Signs of overt cerebral herniation, or uncontrolled intracranial hypertension by ICP monitoring (if applicable)	○ No ○ Yes ○ Unknown
8	Version 2	Evidence of Wilson's disease, autoimmune hepatitis, alcoholic hepatitis, biliary obstruction, viral hepatitis A, B, or C, ischemic hepatitis, or drug-induced liver injury other than acetaminophen	○ No ○ Yes ○ Unknown
25	Version 3	Evidence of Wilson's disease, autoimmune hepatitis, alcoholic hepatitis, biliary obstruction, acute viral hepatitis A, B, or C, ischemic hepatitis, drug-induced liver injury other than acetaminophen, severe acute renal tubular necrosis (ATN) due to shock, or any patient with ongoing hypotension.	○ No ○ Yes ○ Unknown
30	Version 4 + Version 5 or higher	Evidence of Wilson's disease, alcoholic hepatitis, biliary obstruction, ischemic hepatitis, severe acute renal tubular necrosis (ATN) due to shock, or any patient with ongoing hypotension.	○ No ○ Yes ○ Unknown
9	All versions	Significant gastrointestinal bleeding (coffee grounds per ng tube and/or melena)	○ No ○ Yes ○ Unknown
10	Version 2 + Version 3 + Version 4	Hemodynamic instability, defined by a mean arterial pressure of <65 mmHg or the use of vasopressors to support blood pressure	○ No ○ Yes ○ Unknown
11	All versions	Cardiopulmonary complications such as pulmonary edema, aspiration pneumonia, heart failure	○ No ○ Yes ○ Unknown
12	All versions	QT interval of >500 msec at baseline ECG	○ No ○ Yes ○ Unknown
13	All versions	Pregnancy For men or women without child-bearing potential, check N/A.	○ No ○ Yes ○ Unknown ○ N/A
14	Version 2	History of malignancy other than non-melanoma skin cancers within the past 5 years	○ No ○ Yes ○ Unknown
26	Version 3 + Version 4 + Version 5 or higher	History of malignancy that has not been cured or any cancer in remission for less than 1 year. Non-melanoma skin cancers do not preclude participation in the trial.	○ No ○ Yes ○ Unknown

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF		__ __ Site ID	__ __ __ __ Subject ID		

Form 00: Eligibility Form (Version 4)

15	Version 2	Concomitant administration of drugs known to interfere with renal excretion of phenylacetylglutamine or those medications that may induce hyperammonemia, such as haloperidol, valproic acid and systemic corticosteroids (prohibited during the study and for the 7 days prior to baseline). Alternative ammonia modifying agents such as lactulose and rifaximin are not considered standard of care and are prohibited during the study period. Use prior to study enrollment does not preclude participation, provided last dose occurs > 8 hours prior to initial infusion.	○ No ○ Yes ○ Unknown
27	Version 3 + Version 4 + Version 5 or higher	Concomitant administration of drugs known to interfere with renal excretion of phenylacetylglutamine or those medications that may induce hyperammonemia, such as haloperidol, valproic acid and systemic corticosteroids (prohibited during the study). Alternative ammonia modifying agents such as lactulose and rifaximin are not considered standard of care and are prohibited during the study period.	○ No ○ Yes ○ Unknown
16	All versions	Any other health condition that would preclude participation in the study in the judgment of the site principal investigator	○ No ○ Yes ○ Unknown
17	All versions	Date of informed consent:	__ __- __ __ __ - __ __ (dd-mmm-yyyy)
18	All versions	Time of informed consent:	__ __ : __ __ (24 hour clock, hh : mm)

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF		__ __ Site ID	__ __ __ __ Subject ID		

Form 01: Demographics (Version 1)

1	Gender	○ Male ○ Female
2	Ethnicity	○ Hispanic or Latino ○ Not Hispanic or Latino ○ Unknown / Not reported
3	Race (check all that apply)	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White / Caucasian ☐ Other ☐ Unknown / Not reported
4	If other, specify	

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF		__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	

Form 02: Medical History (Version 3)

Please document the patient's medical history for the past 30 days including information on hospital stay prior to study enrollment and infusion start.

1	History of present illness:	
2	Date of initial hospital admission	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy)
3	Time of initial hospital admission	__ __ : __ __ (hh:mm 24 hour format)
4	Hospital transfer?	○ No ○ Yes
5	If Yes, date of transfer	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy)
6	Specify the reason for the patient's prior hospitalization.	
7	Date of first onset of symptoms associated with enrolling event.	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy)
	Specific symptoms or signs	
8	Nausea/Vomiting	○ No ○ Yes ○ Unknown
9	Abdominal pain	○ No ○ Yes ○ Unknown
10	Rash	○ No ○ Yes ○ Unknown
11	Headache	○ No ○ Yes ○ Unknown
12	Malaise	○ No ○ Yes ○ Unknown
13	Fever	○ No ○ Yes ○ Unknown
14	Joint pains	○ No ○ Yes ○ Unknown
20	Pupillary dilation	○ No ○ Yes ○ Unknown
15	Jaundice	○ No ○ Yes ○ Unknown
16	If Jaundice, date of onset	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy)
17	Specify other symptoms	
18	Previous health and illnesses (Check all that apply and specify diagnosis where applicable and known.)	☐ None ☐ Collagen/vasc diseases _____ ☐ Endocrine/diabetes_____ ☐ Psychiatric disease_____ ☐ Neuro/seizure_____ ☐ Hypertension_____ ☐ Heart disease_____ ☐ Renal disease_____ ☐ Pulmonary disease_____ ☐ Substance abuse_____ ☐ GI disease_____ ☐ HIV/AIDs_____ ☐ IDU at any time in past_____ ☐ Hypotension_____ ☐ Infection_____ ☐ Bleeding_____ ☐ Cancer_____ ☐ Other_____
19	Pre-ALI/ALF Karnofsky score	○ 100 ○ 90 ○ 80 ○ 70 ○ 60 ○ 50 ○ 40 ○ 30 ○ 20 ○ 10 ○ Unknown

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	

Form 03: Labs (Version 3)

1	Date of blood draw	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy)
2	Time of blood draw	___ ___ : ___ ___ (24 hour clock, hh:mm)
	Blood	
3	Hemoglobin	__ __ . ___ g/dL
4	Hematocrit	__ __ . __ %
5	WBC	__ __ . __ X1000/mm^3
6	Differential: PMN (Required at the baseline visit only. Enter for other visits, if collected as part of standard care.)	__ __ . __ %
7	Differential: Lymphocytes (Required at the baseline visit only. Enter for other visits, if collected as part of standard care.)	__ __ . __ %
8	Differential: Eosinophils (Required at the baseline visit only. Enter for other visits, if collected as part of standard care.)	__ __ . __ %
9	Differential: Monos (Required at the baseline visit only. Enter for other visits, if collected as part of standard care.)	__ __ . __ %
10	Platelet count	__ __ __ X1000/mm^3
11	Absolute reticulocyte: (Required for the Day 1-0 Hr and for visits 24-hrs Post Last Infusion)	__ __ __ 10^9/L
	Liver	
12	Is the INR above the limit of detection? If yes, skip to Question 15.	○ No ○ Yes
14	If no, INR value:	__ __ . __
15	ALT/SGPT	__ __ __ __ __ IU/L
16	AST/SGOT	__ __ __ __ __ IU/L
17	Alk phos	__ __ __ __ IU/L
18	Total bilirubin	__ __. __ mg/dL

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	

Form 03: Labs (Version 3)

	Kidney/Electrolytes	
19	Creatinine	__ __ . __ __ mg/dL
20	BUN	__ __ __ mg/dL
21	Na	__ __ __ mmol/L
22	K	__ . __ mmol/L
23	HCO3	__ __ mmol/L
24	Chloride	__ __ __ mmol/L
25	Phosphate	__ __ . __ mg/dL
26	Magnesium	__ . __ mEq/L
27	Total calcium	__ __ . __ mg/dL
29	Is the lactate above the limit of detection? If yes, skip to Question 32.	○ No ○ Yes
31	If no, lactate value:	__ __ . __ mmol/L
	Toxins	
32	Toxin screen positive (excluding acetaminophen)	○ No ○ Yes
33	If yes, indicate drug(s)	
34	Is the acetaminophen level below the limit of detection? If yes, skip to Question 37.	○ No ○ Yes
36	If no, acetaminophen level	__ __ __ mg/L
37	Date acetaminophen level collected	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy)
38	Collection Time	__ __ : __ __ (hh:mm)
39	If Question 34 = “Yes’ or Question 36 = “0”, was APAP adduct assay performed?	○ No ○ Yes
40	If Question 39 = ‘Yes’, APAP adduct assay results	__ __ . __ nmol/mL

General Comments:

Name of person who collected this data (not for data entry):

Form 04: Ammonia Collection Log (Version 3)

STOP-ALF version 3 22May2013

Venous sampling is the protocol-preferred method of collection for ammonia samples. Arterial ammonia samples will be accepted if this is the only available method; however, this same method should be used for all subsequent ammonia samples for the subject.
At the Day 1 - 0 Hr visit, venous/arterial ammonia must be collected no more than 8 hours prior to the start of the initial study drug infusion.
For subsequent visits, venous/arterial ammonia must be collected within 1 hour of the target visit time.

Form 20: Day 30 Venous/Arterial Ammonia should be used to record the venous/arterial ammonia values for the Day 30 collection interval.
Refer to the STOP-ALF Venous/Arterial Ammonia Processing Manual for the recommended collection procedure for ammonia samples. An explanation for any deviation from the venous/arterial ammonia sample collection and processing described in the manual must be provided in Column H "Comments" of this CRF.

A. Collection interval	B. Blood drawn?	C. Date of draw (dd-mmm-yyyy)	D. Time of draw (24 hour clock, hh:mm)	I. Type of Blood draw	J. Location of Draw	K. If other, specify	E. Ammonia (umol/L)	F. Date of report (dd-mmm-yyyy)	G. Time of report (24 hour clock, hh:mm)	H. Comments
Screening/ Subject Enrollment	○ No ○ Yes	__-___-____	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-____	__:__	
Day 1, 0hr	○ No ○ Yes	__-___-____	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-____	__:__	
Day 1, 6hr	○ No ○ Yes	__-___-____	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-____	__:__	
Day 1, 12hr	○ No ○ Yes	__-___-____	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-____	__:__	
Day 1, 18hr	○ No ○ Yes	__-___-____	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-____	__:__	
Day 2, 0hr	○ No ○ Yes	__-___-____	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-____	__:__	

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	___ ___ Site ID	___ ___ ___ ___ Subject ID		

Form 04: Ammonia Collection Log (Version 3)

STOP-ALF version 3 22May2013

A. Collection Interval	B. Blood drawn?	C. Date of Draw (dd-mmm-yyyy)	D. Time of Draw (24 hour clock, hh:mm)	I. Type of Blood draw	J. Location of Draw	K. If other, specify	E. Venous/ Arterial ammonia (umol/L)	F. Date of report (dd-mmm-yyyy)	G. Time of report (24 hour clock, hh:mm)	H. Comments
Day 2, 6hr	○ No ○ Yes	__-___-__	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-__	__:__	
Day 2, 12hr	○ No ○ Yes	__-___-__	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-__	__:__	
Day 2, 18hr	○ No ○ Yes	__-___-__	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-__	__:__	
Day 3, 0hr	○ No ○ Yes	__-___-__	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-__	__:__	
Day 3, 12hr	○ No ○ Yes	__-___-__	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-__	__:__	
Day 4, 0hr	○ No ○ Yes	__-___-__	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-__	__:__	
Day 5, 0hr	○ No ○ Yes	__-___-__	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-__	__:__	
End of last infusion	○ No ○ Yes	__-___-__	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-__	__:__	
24hr after end of last infusion	○ No ○ Yes	__-___-__	__:__	○ Venous ○ Arterial	○ Right arm ○ Left arm ○ Other		____	__-___-__	__:__	

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	

Form 05: Plasma PK Sample (Version 2)

For the Day 1 0 Hour visit, the plasma PK sample must be taken within 8 hours prior to initial infusion.

Refer to the Laboratory Manual section of the Manual of Operations, which can be accessed in WebDCU, for detailed collection and shipment instructions.

1	Date of draw	___ ___ - ___ ___ ___- ___ ___ ___ ___ (dd-mmm-yyyy)
2	Time of draw	___ ___ : ___ ___ (24 hour clock, hh:mm)
3	Date plasma sample stored at –70C or below	___ ___ - ___ ___ ___- ___ ___ ___ ___ (dd-mmm-yyyy)
4	Time plasma sample stored at –70C or below	___ ___ : ___ ___ (24 hour clock, hh:mm)
5	HLS Sample Barcode #	___ ___ ___ ___ ___ ___ ___

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	

Form 06: Urine/Dialysate Sample (Version 3)

Refer to the Laboratory Manual section of the Manual of Operations, which can be accessed in WebDCU, for detailed collection and shipment instructions.

1	Total volume of urine collected during sample interval: For the Day 1 12 Hour visit, the collection interval is 0-12 hrs. For the Day 2 0 Hour visit, the collection interval is 12-24 hrs. For the Day 2 12 Hour visit, the collection interval is 24-36 hrs. For the Day 3 0 Hour visit, the collection interval is 36-48 hrs. For the Day 4 0 Hour visit, the collection interval is 48-72 hrs. For the Day 5 0 Hour visit, the collection interval is 72-96 hrs. For the End of Last Infusion visit, the collection interval is 96-120 hrs. For the 24 Hour After End of Last Infusion visit, the collection interval is 120-144 hrs.	____ ____ ____ ____ ml
2	Foley in place during entire interval?	○ No ○ Yes
3	Date 5 ml aliquots of urine collected	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy)
4	Date urine sample frozen at –70C or below	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy)
5	Time urine sample frozen at –70C or below	__ __ : __ __ (24 hour clock, hh:mm)
15	HLS urine sample barcode #	__ __ __ __ __ __ __

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	

Form 06: Urine/Dialysate Sample (Version 3)

6	Is the subject on dialysis? If 'no', this form is complete.	○ No ○ Yes
7	Dialysis start date	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy)
8	Dialysis start time	__ __ : __ __ (24 hour clock, hh:mm)
9	Dialysis stop date	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy)
10	Dialysis stop time	__ __ : __ __ (24 hour clock, hh:mm)
11	Total volume of dialysate collected during sample interval: For the Day 1 12 Hour visit, the collection interval is 0-12 hrs. For the Day 2 0 Hour visit, the collection interval is 12-24 hrs. For the Day 2 12 Hour visit, the collection interval is 24-36 hrs. For the Day 3 0 Hour visit, the collection interval is 36-48 hrs. For the Day 4 0 Hour visit, the collection interval is 48-72 hrs. For the Day 5 0 Hour visit, the collection interval is 72-96 hrs. For the End of Last Infusion visit, the collection interval is 96-120 hrs. For the 24 Hour After End of Last Infusion visit, the collection interval is 120-144 hrs.	__ __ __ __ ml
12	Date 5 ml aliquots of dialysate collected	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy)
13	Date dialysate frozen at –70C or below	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy)
14	Time dialysate frozen at –70C or below	__ __ : __ __ (24 hour clock, hh:mm)
16	HLS dialysate sample barcode #	__ __ __ __ __ __ __

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy) Date of assessment

Form 07: Vital Signs (Version 2)

1	Time of assessment	__ __ : __ __ (24 hour clock, hh:mm)
2	Pulse	__ __ __ beats/min
3	Systolic blood pressure	__ __ __ mmHg
4	Diastolic blood pressure	__ __ __ mmHg
5	Respiration	__ __ breaths/min
6	Body temperature	__ __ . __ °C
7	Height (Required for the screening visit only.)	__ __ __ cm
8	Weight (Required for the screening visit only.)	__ __ __ . __ kg
General Comments:		
Name of person who collected this data (not for data entry):		

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID		

Form 08: Physical Exam (Version 1)

1	General appearance	○ Normal	○ Abnormal	○ Not examined
2	If question 1 is 'abnormal', specify:			
3	Head and neck	○ Normal	○ Abnormal	○ Not examined
4	If question 3 is 'abnormal', specify:			
5	Heart	○ Normal	○ Abnormal	○ Not examined
6	If question 5 is 'abnormal', specify:			
7	Lungs	○ Normal	○ Abnormal	○ Not examined
8	If question 7 is 'abnormal', specify:			
9	Abdomen	○ Normal	○ Abnormal	○ Not examined
10	If question 9 is 'abnormal', specify:			
11	Lymph nodes	○ Normal	○ Abnormal	○ Not examined
12	If question 11 is 'abnormal', specify:			
13	Extremities	○ Normal	○ Abnormal	○ Not examined
14	If question 13 is 'abnormal', specify:			
15	Musculoskeletal	○ Normal	○ Abnormal	○ Not examined
16	If question 15 is 'abnormal', specify:			
17	Skin	○ Normal	○ Abnormal	○ Not examined
18	If question 17 is 'abnormal', specify:			
19	Specify other abnormal findings:			

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? O No O Yes	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy) Date of assessment

Form 09: Glasgow Coma Scale (Version 2)

1	Time of assessment:	__ __ : __ __ (24 hour clock, hh:mm)
2	Was the subject intubated at the time of assessment? If yes, question 7 should be skipped.	O No O Yes
3	Was the subject paralyzed at the time of assessment?	O No O Yes
4	Was the subject sedated at the time of assessment?	O No O Yes
5	Coma grade (best estimate)	O 0 (No coma) O I O II O III O IV
6	Eye opening	O (4) Spontaneous O (3) To voice O (2) To pain O (1) None
7	Verbal Response	O (5) Oriented O (4) Confused O (3) Inappropriate words O (2) Incomprehensible sounds O (1) None
8	Motor response	O (6) Obeys commands O (5) Localizes pain O (4) Withdraw (pain) O (3) Flexion (pain) O (2) Extension (pain) O (1) None

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? O No O Yes	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy) Date of assessment

Form 10: West Haven Scale for Hepatic Encephalopathy (Version 1)

1	Time of assessment	__ __ : __ __ (24 hour clock, hh:mm)
2	Was the subject intubated at the time of assessment?	O No O Yes
3	Was the subject paralyzed at the time of assessment? If yes, the West Haven Scale Grade (question 5) should be 4.	O No O Yes
4	Was the subject sedated at the time of assessment?	O No O Yes
5	West Haven Scale Grade	O (0) Normal, no clinical signs or symptoms O (1) Trivial lack of awareness (euphoria or anxiety, shortened attention span, impaired performance of addition, inverted sleep pattern) O (2) Lethargy or apathy (minimal disorientation for time or place , inappropriate behavior, subtle personality change, impaired performance of subtraction, asterixis) O (3) Somnolence to semi-stupor, but responsive to verbal stimuli (confusion, gross disorientation) O (4) Coma (unresponsive to verbal or noxious stimuli)

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy) Date of assessment

Form 11: The Orientation Log (O-Log) (Version 2)

If the subject is intubated, select 'No' for "Data Collected".

1	Time of assessment:	__ __ : __ __ (24 hour clock, hh:mm)

Standardized O-Log Cues:

1. What city are you in?
   - -if incorrect first answer, give logical cue according to your city location (for example, for Richmond, VA, "capital of Virginia.")
   - -if incorrect to logical cue, give multiple choices: "are we in Miami, [your city], or Chicago"?
2. What kind of place are we in?
   - -if incorrect first answer, give logical cue: "this is where sick people go to be admitted."
   - -if incorrect to logical cue, give multiple choices: "railway station, airport, hospital."
3. What is the name of this hospital?
   - -if incorrect first answer, make up logical cue for your hospital.
   - -if incorrect to logical cue, give multiple choices: "[your hospital], Georgetown Hospital, Cornell Hospital."

NOTE: Give full credit (6 points) if patient answers both kind of place and hospital name at the same time.

4. What is the name of this month?
   - -if incorrect first answer, give logical cue: "it's the month after [___]".
   - -if incorrect to logical cue, give multiple choices: month before, current month, month after current.
5. What is the date of this month?
   - -if incorrect first answer, give logical clue: "it's the day after [___]".
   - -if incorrect to logical cue, give multiple choices: date before, date after, current date.
6. What is the year?
   - -if incorrect first answer, give logical cue: "it's the year before [___]".
   - -if incorrect to logical cue, give multiple choices: current year, year before, year after
7. What is the day of the week?
   - -if incorrect first answer, give logical cue: "it's the day before [___]".
   - -if incorrect to logical cue, give 3 multiple choices including the correct day of week.
8. What time is it (show clock/watch to patient)?
   For this question, there are no cues, and patient receives 3 points for correct response or 0 points for incorrect response. A correct response should be within 30 minutes of the actual time.

For details of administering and scoring O-log, see: (http://www.tbims.org/combi/olog/olograt.html)

2	City	○ (3) correct spontaneously or upon first free recall attempt ○ (2) correct upon logical cueing ○ (1) correct upon multiple choice cueing ○ (0) unable, incorrect, inappropriate response
3	Kind of place	○ (3) correct spontaneously or upon first free recall attempt ○ (2) correct upon logical cueing ○ (1) correct upon multiple choice cueing ○ (0) unable, incorrect, inappropriate response

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy) Date of assessment

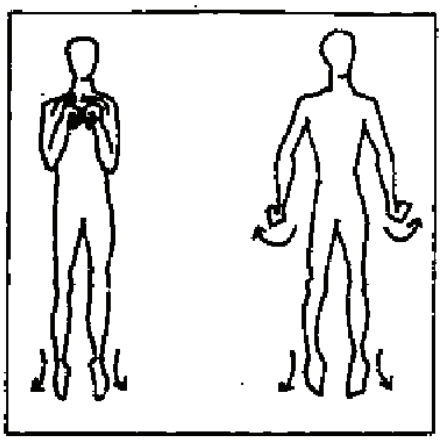
Form 11: The Orientation Log (O-Log) (Version 2)

4	Name of hospital	○ (3) correct spontaneously or upon first free recall attempt ○ (2) correct upon logical cueing ○ (1) correct upon multiple choice cueing ○ (0) unable, incorrect, inappropriate response
5	Month	○ (3) correct spontaneously or upon first free recall attempt ○ (2) correct upon logical cueing ○ (1) correct upon multiple choice cueing ○ (0) unable, incorrect, inappropriate response
6	Date	○ (3) correct spontaneously or upon first free recall attempt ○ (2) correct upon logical cueing ○ (1) correct upon multiple choice cueing ○ (0) unable, incorrect, inappropriate response
7	Year	○ (3) correct spontaneously or upon first free recall attempt ○ (2) correct upon logical cueing ○ (1) correct upon multiple choice cueing ○ (0) unable, incorrect, inappropriate response
8	Day of week	○ (3) correct spontaneously or upon first free recall attempt ○ (2) correct upon logical cueing ○ (1) correct upon multiple choice cueing ○ (0) unable, incorrect, inappropriate response
9	Clock time	○ (3) correct spontaneously or upon first free recall attempt ○ (2) correct upon logical cueing ○ (1) correct upon multiple choice cueing ○ (0) unable, incorrect, inappropriate response
General Comments:		
Name of person who collected this data (not for data entry):		

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy) Date of assessment

Form 12: Neurological Exam (Version 2)

1	Time of assessment:	__ __ : __ __ (24 hour clock, hh:mm)
2	Asterixis	○ (0) absent ○ (1) present
3	Pupillary Reflexes	○ (0) reactive ○ (1) fixed
4	Babinski	○ (0) absent ○ (1) present [up-going great toe]
5	Reflexes-patellar	○ (0) normo-active ○ (1) hypo-reflexia ○ (2) hyper-reflexes
6	Reflexes-biceps	○ (0) normo-active ○ (1) hypo-reflexia ○ (2) hyper-reflexes
7	Posturing-decorticate	○ (0) no posturing ○ (1) posturing
8	Posturing-decerebrate	○ (0) no posturing ○ (1) posturing



Decorticate Decerebrate

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	

Form 13: Electrocardiogram (Version 3)

1	Date of scan	___ ___ - ___ ___ ___ - ___ ___ ___ ___ (dd-mmm-yyyy)
2	Time of scan	___ ___ : ___ ___ (24 hour clock, hh:mm)
3	Average QTc (If there is an average QTc > 60 msec change from Baseline or QT interval above 500 msec or evidence of torsades de pointe phenomenon, study infusion may be discontinued.)	___ ___ ___ msec
4	Arrhythmia Check all that apply.	☐ None ☐ VT/VF ☐ Brady-arrhythmia ☐ Tachy-arrhythmia

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy) Date of assessment

Form 14: Study Drug Infusion and Monitoring Log (Version 3)

Enter the start date/time of the study drug infusion in row 1-1; this is considered T0.
A new row should be started when an infusion is started (including interruptions), the level or infusion changes, or the infusion rate changes.
If interruption is >= 2 hrs., permanently discontinue the infusion and complete the "End of Treatment" form.

	A. Level of infusion	H. Infusion Site	I. Other infusion site	B. Start date (dd-mmm-yyyy)	C. Start time (24 hour clock, hh : mm)	D. Stop date (dd-mmm-yyyy)	E. Stop time (24 hour clock, hh : mm)	F. Infusion rate (g/hr)	G. If infusion interruption is >= 1 hr., specify reason.
1-1	○ Level 1 ○ Level 2 ○ Level 3	○ Right arm ○ Left arm ○ Other							
1-2	○ Level 1 ○ Level 2 ○ Level 3	○ Right arm ○ Left arm ○ Other							
1-3	○ Level 1 ○ Level 2 ○ Level 3	○ Right arm ○ Left arm ○ Other							
1-4	○ Level 1 ○ Level 2 ○ Level 3	○ Right arm ○ Left arm ○ Other							
1-5	○ Level 1 ○ Level 2 ○ Level 3	○ Right arm ○ Left arm ○ Other							
1-6	○ Level 1 ○ Level 2 ○ Level 3	○ Right arm ○ Left arm ○ Other							
1-7	○ Level 1 ○ Level 2 ○ Level 3	○ Right arm ○ Left arm ○ Other							
1-8	○ Level 1 ○ Level 2 ○ Level 3	○ Right arm ○ Left arm ○ Other							

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy) Date of assessment

Form 14: Study Drug Infusion and Monitoring Log (Version 3)

	A. Time interval from start of study drug infusion	B. Highest MAP (mm Hg)	C. Lowest MAP (mm Hg)	D. Highest ICP (mm Hg)	E. Lowest ICP (mm Hg)
2-1	Day 1, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-2	Day 1, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-3	Day 1, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-4	Day 1, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-5	Day 2, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-6	Day 2, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-7	Day 2, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-8	Day 2, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-9	Day 3, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-10	Day 3, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-11	Day 3, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-12	Day 3, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-13	Day 4, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-14	Day 4, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-15	Day 4, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-16	Day 4, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-17	Day 5, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-18	Day 5, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-19	Day 5, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-20	Day 5, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-21	End of Last Infusion, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-22	End of Last Infusion, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-23	End of Last Infusion, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-24	End of Last Infusion, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-25	24hr After End of Last Infusion, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-26	24hr After End of Last Infusion, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-27	24hr After End of Last Infusion, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-28	24hr After End of Last Infusion, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy) Date of assessment

Form 14: Study Drug Infusion and Monitoring Log (Version 4)

Enter the start date/time of the study drug infusion in row 1-1; this is considered T0.
A new row should be started when an infusion is started (including interruptions), the level or infusion changes, or the infusion rate changes.
If interruption is >= 2 hrs., permanently discontinue the infusion and complete the "End of Treatment" form.

	A. Level of infusion	H. Infusion Site	I. Other infusion site	B. Start date (dd-mmm-yyyy)	C. Start time (24 hour clock, hh : mm)	D. Stop date (dd-mmm-yyyy)	E. Stop time (24 hour clock, hh : mm)	F. Infusion rate (g/hr)	G. If infusion interruption is >= 1 hr., specify reason.
1-1	○ Level 1 ○ Level 2 ○ Level 3 ○ Level 4	○ Right arm ○ Left arm ○ Other							
1-2	○ Level 1 ○ Level 2 ○ Level 3 ○ Level 4	○ Right arm ○ Left arm ○ Other							
1-3	○ Level 1 ○ Level 2 ○ Level 3 ○ Level 4	○ Right arm ○ Left arm ○ Other							
1-4	○ Level 1 ○ Level 2 ○ Level 3 ○ Level 4	○ Right arm ○ Left arm ○ Other							
1-5	○ Level 1 ○ Level 2 ○ Level 3 ○ Level 4	○ Right arm ○ Left arm ○ Other							
1-6	○ Level 1 ○ Level 2 ○ Level 3 ○ Level 4	○ Right arm ○ Left arm ○ Other							

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	__ __ - __ __ __ - __ __ __ __ (dd-mmm-yyyy) Date of assessment

Form 14: Study Drug Infusion and Monitoring Log (Version 4)

	A. Time interval from start of study drug infusion	B. Highest MAP (mm Hg)	C. Lowest MAP (mm Hg)	D. Highest ICP (mm Hg)	E. Lowest ICP (mm Hg)
2-1	Day 1, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-2	Day 1, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-3	Day 1, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-4	Day 1, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-5	Day 2, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-6	Day 2, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-7	Day 2, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-8	Day 2, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-9	Day 3, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-10	Day 3, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-11	Day 3, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-12	Day 3, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-13	Day 4, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-14	Day 4, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-15	Day 4, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-16	Day 4, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-17	Day 5, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-18	Day 5, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-19	Day 5, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-20	Day 5, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-21	End of Last Infusion, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-22	End of Last Infusion, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-23	End of Last Infusion, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-24	End of Last Infusion, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-25	24hr After End of Last Infusion, >0-6 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-26	24hr After End of Last Infusion, >6-12 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-27	24hr After End of Last Infusion, >12-18 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
2-28	24hr After End of Last Infusion, >18-24 hr	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID		

Form 15: End of Treatment Form (Version 2)

1	Status of treatment	○ Study infusion was completed ○ Study infusion was started but was prematurely terminated ○ Study infusion was never started
2	If the study infusion was prematurely terminated or was never started, indicate primary reason:	○ Prolongation of QTcF interval of >60 msec over baseline or a QT interval above 500msec or evidence of torsades de pointe phenomenon ○ Neutropenia with absolute neutrophil count <500/cumm or platelet count < 20,000/cumm, or an increase in serum creatinine to a value of >10mg/dL ○ Liver transplantation ○ Interruption > 2 hours ○ Confirmed non-APAP etiology ○ Evidence of shock ○ Vasopressors required ○ Evidence of kidney injury considered to be related to study drug ○ Emergent surgery ○ DNR / Withdrawal of care ○ Other/Adverse event/SAE/Death ○ IV access was unable to be established / was lost ○ Subject/legally authorized representative request to withdraw from treatment ○ Subject was discharged/transferred ○ Other
3	If 'other', specify:	
4	Admitted to ICU prior to start of treatment or during treatment? If 'no', form is complete.	○ No ○ Yes
5	ICU admission date:	___ ___ - ___ ___ ___ - ___ ___ ___ ___ (dd-mmm-yyyy)
6	ICU admission time:	___ ___ : ___ ___ (24 hour clock, hh:mm)
7	ICU discharge date:	___ ___ - ___ ___ ___ - ___ ___ ___ ___ (dd-mmm-yyyy)
8	ICU discharge time:	___ ___ : ___ ___ (24 hour clock, hh:mm)

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? O No O Yes	

Form 16: Urinalysis (Version 4)

1	Date of urine collection:	___ ___ - ___ ___ ___ - ___ ___ ___ ___ (dd-mmm-yyyy)
2	Time of urine collection:	___ ___ : ___ ___ (24 hour clock, hh:mm)
3	pH	____ . ____ ____
4	Specific Gravity	____ . ____ ____ ____
5	Glucose	O Negative O 100 mg/dL (trace) O 250 mg/dL (1+) O 500 mg/dL (2+) O 1000 mg/dL (3+) O >1000 mg/dL (4+)
6	Protein	O Negative O Trace O 30 mg/dL (1+) O 100 mg/dL (2+) O 300 mg/dL (3+) O >2000 mg/dL (4+)
7	Nitrite	O Negative O Positive
8	Blood	O Negative (0-9 RBC/uL) O Trace (10-24 RBC/uL) O Small [25-49 (1+) RBC/uL] O Moderate [50-149 (2+) RBC/uL] or [149-250 (3+)RBC/uL] O Large [>250 (4+) RBC/uL]
9	Leukocyte Esterase	O Negative O Trace O Small O Moderate O Large

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	

Form 18: Adverse Event (Version 2)

This CRF should only be completed if the subject experiences an Adverse Event (AE) .

All Serious AEs must be reported from the start of initial study drug infusion through the Day 30 visit.

All non-serious AEs must be reported from the start of initial study drug infusion through 24hrs post last infusion.
Non-serious AEs that occur between screening and start of study drug infusion should be recorded on the medical history form and are not considered AEs.

1	Name of Adverse Event: (Do not use abbreviations or extra words.)	
16	Did the AE result in intubation? (Intubation requiring ventilator support.) If 'no', skip to question 2.	○ No ○ Yes
17	Start date of intubation:	___ ___ - ___ ___ ___ - ___ ___ ___ ___ (dd-mmm-yyyy)
18	Start time of intubation:	___ ___ : ___ ___ (24 hour clock, hh:mm)
2	Severity:	○ Mild ○ Moderate ○ Severe ○ Life threatening ○ Fatal
3	Serious?	○ No ○ Yes
4	Expected?	○ No ○ Yes
5	Date of onset:	___ ___ - ___ ___ ___- ___ ___ ___ ___ (dd-mmm-yyyy)
6	Time of onset:	___ ___ : ___ ___ (24 hour clock, hh:mm)
7	Outcome: If outcome is 'Continuing', skip to question 9. Mark 'Continuing- No follow up is required' if the SAE is ongoing at the End of Study visit.	○ Resolved ○ Resolved w/ sequelae ○ Continuing- Follow up is required ○ Continuing- No follow up is required ○ Continuing at time of death
8	Date of resolution:	___ ___ - ___ ___ ___ - ___ ___ ___ ___ (dd-mmm-yyyy)

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	

Form 18: Adverse Event (Version 2)

9	Relationship to study drug:	○ Not related – Must have one or both of the following: • Temporal relationship between treatment exposure and the adverse event is unreasonable or incompatible • AE is clearly due to extraneous cause (e.g., underlying disease, environment) ○ Unlikely- Must have two of the following: • May have reasonable or only tenuous temporal relationship to intervention • Could readily have been produced by the subject's clinical state, or environmental or other interventions • Does not follow known pattern of response to intervention ○ Possibly- Must have two of the following: • Has a reasonable temporal relationship to intervention • Could not readily have been produced by the subject's clinical state or environmental or other interventions • Follows a known pattern of response to intervention ○ Probably- Must have three of the following: • Has a reasonable temporal relationship to intervention • Could not readily have been produced by subject's clinical state or have been due to environmental or other interventions • Follows a known pattern of response to intervention • Disappears or decreases with cessation of intervention ○ Definitely- Must have all four of the following: • Has a reasonable temporal relationship to intervention • Could not readily have been produced by subject's clinical state or have been due to environmental or other interventions • Follows a known pattern of response to intervention • Disappears or decreases with cessation of intervention
10	Actions taken for this event: (check all that apply)	☐ None ☐ Medication change ☐ Procedure / Surgery ☐ Termination or temporary discontinuation of study drug ☐ Hospitalization / Prolonged hospitalization ☐ Other ☐ Unknown
General Comments:		
Name of person who collected this data (not for data entry):		

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	

Form 18: Adverse Event (Version 2)

If the AE is not serious, this form is complete.
If the AE is serious, complete the information below.

11	Describe the event in detail: Include a description of what happened and a summary of all relevant clinical information (medical status prior to the event, signs and/ or symptoms, differential diagnosis for the event in question, clinical course, treatment outcome, etc.) DO NOT identify any study participant, physician, or institution by name.	
12	Relevant tests/laboratory data, including dates:	
13	Relevant history, including pre-existing medical conditions:	
14	Last name of reviewing site investigator:	
15	Date of site investigator review:	___ ___ - ___ ___ ___ - ___ ___ ___ ___ (dd-mmm-yyyy)

General Comments:

Name of person who collected this data (not for data entry):

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID		

Form 19: End of Study (Version 3)

2	Did the subject terminate the study early? If no, skip to Question 1.	○ No ○ Yes
3	What was the primary reason for ending the study early?	○ Consent withdrawn due to AE ○ Consent withdrawn due to other reason ○ Lost to follow-up ○ Death ○ Other
4	If question 3 is 'Consent withdrawn due to AE', enter the CRF ID # for the corresponding AE.	___ ___ ___
5	If the primary reason for ending the study was 'Other', please explain.	
1	Date of end of study: For subjects who complete the Day 30 visit, end of study date is the date of the Day 30 visit. For subjects who die, end of study date is the date of death. For subjects who withdraw consent, end of study date is the date of withdrawal of consent. For subjects who are lost to follow-up, end of study date is not required.	___ ___ - ___ ___ ___ - ___ ___ ___ ___ (dd-mmm-yyyy)
8	Was the subject discharged from the initial hospitalization?	○ No ○ Yes
9	If 'yes', date of discharge from initial hospitalization:	___ ___ - ___ ___ ___ - ___ ___ ___ ___ (dd-mmm-yyyy)
10	Discharged location?	○ Home ○ Other facility
11	If 'other facility', please specify facility?	
The site PI must review and affirm the accuracy of the information reflected in all of the case report forms for this study participant. Please complete the section below after this review and affirmation is complete.		
6	Last name of reviewing principal investigator:	
7	Date of PI review and affirmation:	___ ___ - ___ ___ ___ - ___ ___ ___ ___ (dd-mmm-yyyy)
General Comments:		
Name of person who collected this data (not for data entry):		

STOP-ALF	Visit :	__ __ Site ID	__ __ __ __ Subject ID	Was this data collected? ○ No ○ Yes	

Form 20: Day 30 Ammonia (Version 3)

At the Day 30 visit, a target window of +/- 7 days from the actual visit date is acceptable for ammonia collection.

Venous sampling is the protocol-preferred method of collection for ammonia samples. Arterial ammonia samples will be accepted if this is the only available method.

Refer to the STOP-ALF Ammonia Processing Manual for the recommended collection procedure for ammonia samples.
An explanation for any deviation from the ammonia sample collection and processing described in the manual must be provided in the General Comments of this CRF.

1	Date of draw:	___ ___ - ___ ___ ___- ___ ___ ___ ___ (dd-mmm-yyyy)
2	Time of draw:	___ ___ : ___ ___ (24 hour clock, hh:mm)
3	Ammonia	___ ___ ___ umol/L
6	Type of blood draw	○ Venous ○ Arterial
7	Location of draw:	○ Right arm ○ Left arm ○ Other
8	If other, specify	
4	Date of report	___ ___ - ___ ___ ___- ___ ___ ___ ___ (dd-mmm-yyyy)
5	Time of report	___ ___ : ___ ___ (24 hour clock, hh:mm)

General Comments:

Name of person who collected this data (not for data entry):