

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

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

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

To DCC ☐**SECTION B: FINAL PARTICIPANT STATUS**

B1. Please identify the reason why the participant is leaving or discontinuing this study: (check only one)

1. ☐ Completed study → END
  - a. ☐ Finished follow up visits
  - c. ☐ Liver transplant → Complete CRF 27
2. ☐ Non-matched subject → END
4. ☐ Transferred to another CFLD site → Specify site and date of transfer in B2
5. ☐ Ineligible prior to start of study (Was consented and then identified as ineligible) → Specify condition in B2
6. ☐ Violated eligibility condition after start of study → Specify condition in B2
7. ☐ Investigator withdrew subject from study for reason other than eligibility → Specify reason in B2
8. ☐ Participant voluntarily withdrew from study → Specify reason in B2
9. ☐ Lost to follow-up → Complete only section C
10. ☐ Death → Complete only section D
11. ☐ Other: \_\_\_\_\_ → Specify reason in B2

B2. Please specify the reason/cause/condition: \_\_\_\_\_

B3. Participant has requested removal and destruction of his/her information from the database:

1. ☐ Yes 2. ☐ No

B4. Participant has requested removal and destruction of his/her samples from repository:

1. ☐ Yes 2. ☐ No**SECTION C: LOST TO FOLLOW-UP**

C1. Reason for lost to follow-up: (check only one)

1. ☐ Care transferred to a Non-CFLD center
2. ☐ Lost contact
3. ☐ Other (Specify: \_\_\_\_\_)

C2. Date lost to follow up: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day YearC3. Date of last contact: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

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

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

## SECTION D: DEATH

D1. Date of death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

D2. Cause of death: \_\_\_\_\_

D3. Complications present or treated at time of death: (check all that apply)

- a. ☐ Pulmonary (Specify: \_\_\_\_\_)
- b. ☐ Liver (Specify: \_\_\_\_\_)
- c. ☐ Nutrition (Specify: \_\_\_\_\_)
- d. ☐ Infectious (Specify: \_\_\_\_\_)
66. ☐ UNK

D4. Autopsy performed: 1. ☐ Yes 2. ☐ No → END

- a. Patient's weight: \_\_\_\_\_.kg -OR- \_\_\_\_\_.lbs 99. ☐ Missing
- b. Patient's height: \_\_\_\_\_.cm -OR- \_\_\_\_\_.in 99. ☐ Missing
- c. Jaundice present: 1. ☐ Yes 2. ☐ No 3. ☐ Not reported on Medical Record
- d. Liver findings: (check all that apply)
- a. ☐ None
- b. ☐ Cirrhosis
- c. ☐ Necrosis
- d. ☐ Other (Specify: \_\_\_\_\_)
- e. ☐ Not reported on Medical Record

Investigator Signature

Date (MM/DD/YYYY)