



Event Checking Chart

Cases of Chronic Liver Disease- Severe Clinical Manifestations

Name of centre and cohort _____

Patient ID code: _____ Gender: Male Female

Year of birth (yyyy): _____ Date of Event in Question 1 (dd/mm/yy): _____

1. Definition of endpoint

Please complete this form if the patient has developed one of the following clinical signs of **liver failure** for the first time:

- bleeding from gastric or esophageal varices (endoscopy verified)
- hepatic encephalopathy stage III or IV (pre-coma or coma)
- hepatorenal syndrome (acute renal failure in patient with existing severe chronic liver disease)

or,

- the patient has undergone liver transplantation

2. Diagnosis

Please provide the specific diagnosis of the patients liver disease: _____
If available, please include the ICD-10 _____ or ICD-9 code _____

3. Co-morbidities and risk factors

Is the patient known with:

Chronic HCV? Yes No Unknown

Chronic HBV? Yes No Unknown

Current or past alcohol abuse? Yes No Unknown

4. Documentation of presence of cirrhosis

A. Has liver biopsy been performed? Yes No Unknown

B. Has fibroscan of the liver been performed? Yes No Unknown

If **Yes** to A or B, please indicate:

the date of most recent biopsy/ fibroscan (dd/mm/yy) ___ - ___ - ___ and Metavir stage of fibrosis (F0-F4): [__]

Please include a copy of the full report (and please provide a brief summary in English):

Signature: _____ the Study Coordinating Office, Date: _____ (dd/mm/yyyy)

Monitored at site by: _____ Date: _____
Print Name Signature dd/mm/yyyy