

Event Checking Chart

Cases of End-Stage Liver Disease- Severe Clinical Manifestations (ESLD)

	e of centre and cohort	
Year	ent ID code: of birth (yyyy):	Date of Event in Question 1 (dd/mm/yy):
F	Definition of endpoint Please complete this form only if the parties of the first time (and please)	atient has developed one of the following clinical signs of se provide source documentation):
	[] hepatic encephalopathy stage[] hepatorenal syndrome (acute disease)	renal failure in patient with existing severe chronic liver did detectable ascites confirmed by imaging with no other
	[] the patient has undergone live	r transplantation
F		f the patients liver disease: or ICD-9 code
((o-morbidities and risk factors s the patient known with: Chronic HCV? []Yes []No []Unkno Chronic HBV? []Yes []No []Unkno Current or past alcohol abuse? []Yes	wn
	ocumentation of presence of cirrhos A. Has liver biopsy been performed?	
E	3. Has fibroscan of the liver been perfo	ormed? [] Yes [] No [] Unknown
t	f Yes to A or B, please indicate: he date of most recent biopsy/ fibroscastage of fibrosis (F0-F4):	an (dd/mm/yy) and Metavir
P	lease include a copy of the full repo	ort (and please provide a brief summary in English):
- - I	or fatal cases, please also complete a	CoDe form.
Sign	ature:the	Study Coordinating Office, Date:dd/mm/vvvv

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

Please return this form to the DAD study coordinating office incl. copies of other relevant documents from the medical record (made anonymous and labelled with the patients ID-code) by air- or email and provide the cohort coordinating office with a copy of the chart