

Comprehensive Sickle Cell Centers	Intrahepatic Cholestasis	GI/Hepatobiliary CRF Page 2 of 3
Protocol # 2 Collaborative Data Project	Form Completed by <input type="text" value="GHP3:COMPINT"/>	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

How many times has this subject had intrahepatic cholestasis during the report period?

Date of Event: <input type="text" value="GHP4:EVENTDA"/> / <input type="text" value="GHP4:EVENTMO"/> / <input type="text" value="GHP4:EVENTYR"/>			<input type="button" value="Delete Event"/>
DD	MMM	YYYY	
Baseline serum bilirubin Total:	<input type="text" value="GHP4:BSBILI"/> mg/dL	Direct:	<input type="text" value="GHP4:BDSBILI"/> mg/dL
Highest serum bilirubin Total:	<input type="text" value="GHP4:HSBILI"/> mg/dL	Direct:	<input type="text" value="GHP4:HSDBILI"/> mg/dL
Highest PT result: <input type="text" value="GHP4:PTVALUE"/> sec	<input type="checkbox"/> or (GHP4:PTND) Not Done	Upper limit of lab normal: <input type="text" value="GHP4:HPTT"/>	
INR:	<input type="text" value="GHP4:INRR"/>		
Was an abdominal ultrasound done?	<input type="checkbox"/> (GHP4:ULDONE)Yes	<input type="checkbox"/> (GHP4:ULDONE)No	
<i>If yes:</i>			
Was there common bile duct dilation?	<input type="checkbox"/> (GHP4:BILE) Yes	<input type="checkbox"/> (GHP4:BILE) No	
Were gallstones present?	<input type="checkbox"/> (GHP4:GALLST) Yes	<input type="checkbox"/> (GHP4:GALLST) No	
Was the liver palpable below mid-right costal margin?	<input type="checkbox"/> (GHP4:PALP)Yes	<input type="checkbox"/> (GHP4:PALP)No	
<i>If yes, record liver size in cm below costal margin:</i>			
At the time of diagnosis:	<input type="text" value="GHP4:CURRSIZ"/>	or	<input type="checkbox"/> (GHP4:UNK1)Unknown
At most recent non-acute exam:	<input type="text" value="GHP4:RECSIZ"/>	or	<input type="checkbox"/> (GHP4:UNK2)Unknown
Did the event result in death?	<input type="checkbox"/> (GHP4:DEATH)Yes	<input type="checkbox"/> (GHP4:DEATH)No	