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| Comprehensive Sickle Cell Centers | Viral Hepatitis | GI/Hepatobiliary CRF Page 3 of 3 |
| Protocol # 2 Collaborative Data Project | Form Completed by <input type="text" value="VHP1:COMPINT"/> | CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name} |

How many times has this subject had viral hepatitis during the report period?

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|--|---|
| Date of event: <input type="text" value="VHP2:EVENTDA"/> / <input type="text" value="VHP2:EVENTMO"/> / <input type="text" value="VHP2:EVENTYR"/> DD MMM YYYY | <input type="button" value="Delete Event"/> |
| Max ALT value: <input type="text" value="VHP2:MAXALT"/> Upper limit of normal: <input type="text" value="VHP2:LIMIT"/> | |
| Anti-HAV IgM: <input type="checkbox"/> (VHP2:HAV) Positive <input type="checkbox"/> (VHP2:HAV) Negative <input type="checkbox"/> (VHP2:HAV) Not Done | |
| HBsAg: <input type="checkbox"/> (VHP2:HBS) Positive <input type="checkbox"/> (VHP2:HBS) Negative <input type="checkbox"/> (VHP2:HBS) Not Done | |
| If HBsAg was positive, positive for > 6 months? <input type="checkbox"/> (VHP2:POSHBS) Yes <input type="checkbox"/> (VHP2:POSHBS) No <input type="checkbox"/> (VHP2:POSHBS) Unknown | |
| Anti-HBc IgM: <input type="checkbox"/> (VHP2:ANTIHB) Positive <input type="checkbox"/> (VHP2:ANTIHB) Negative <input type="checkbox"/> (VHP2:ANTIHB) Not Done | |
| HCV: <input type="checkbox"/> (VHP2:HCV) Positive <input type="checkbox"/> (VHP2:HCV) Negative <input type="checkbox"/> (VHP2:HCV) Not Done | |
| HBeAg: <input type="checkbox"/> (VHP2:HBEAG) Positive <input type="checkbox"/> (VHP2:HBEAG) Negative <input type="checkbox"/> (VHP2:HBEAG) Not Done | |
| HB Viral load: <input type="text" value="VHP2:HB1"/> IU/mL or <input type="text" value="VHP2:HB2"/> copies/mL or <input type="checkbox"/> (VHP2:HBND) Not Done | |
| HC Viral load: <input type="text" value="VHP2:HC1"/> IU/mL or <input type="text" value="VHP2:HC2"/> copies/mL or <input type="checkbox"/> (VHP2:HCND) Not Done | |
| Liver Biopsy <input type="checkbox"/> (VHP2:LIVER)Yes <input type="checkbox"/> (VHP2:LIVER)No If yes, result: | |
| <input type="text" value="VHP2:BIOPSP"/> | |
| Did the event result in death? <input type="checkbox"/> (VHP2:DEATH)Yes <input type="checkbox"/> (VHP2:DEATH)No | |