Record 01   **NON A, NON B POST-TRANSFUSION HEPATITIS**

          IDFLD01   **MEDICAL RECORDS SUMMARY FORM**   TRNSMO TRNSDA TRNSYR

PATIENT ID: H|_|_|-|_|_|_|_|_|_|_| **INITIAL TRANSFUSION DATE:** |_|_|-|_|_|-|_|_|
                                                                              MO   DA   YR

1. Did the patient have any liver-related diagnoses?   1a. Does discharge summary mention liver function tests
                                                               results?   Q1A
          Q1   Yes ☐   No ☐
    YES .... 1 (COMPLETE TABLE   Q1B
                                    BELOW)   If yes, are they normal ☐, abnormal ☐, or not reported ☐
    NO.. 2   Are actual results given? ☐ (Check if yes and fill out 2nd
    *INSUFFICIENT DATA............. 3   page)   Q1C   Q1CNUM

Record 02 (repeats) 2. DIAGNOSES	3. CODE (For WESTAT use only)	4. HX	5. DATE FIRST DIAGNOSED/RECORDED	6. DESCRIBE REASONS FOR DIAGNOSES
a. ___Q2___	|_|_Q3_|_|	Q4	Q5MO-Q5YR / MO YR	Q6SP1 / Q6SP2
b. _____	|_|_|_|_|	|_|	|_|_|-|_|_| / MO YR	Q6SP3 / ACCESSNO
c. _____	|_|_|_|_|	|_|	|_|_|-|_|_| / MO YR	_____
d. _____	|_|_|_|_|	|_|	|_|_|-|_|_| / MO YR	_____
e. _____	|_|_|_|_|	|_|	|_|_|-|_|_| / MO YR	_____

7. Is there any mention of Alcohol Use? (If specific date is not given regarding alcohol use, put "date first recorded" as
    "date first mentioned.") Q7

    0 - No, not mentioned   1- Yes (Record date & verbatim)
Record 04   Q7AMO   Q7ADA   Q7AYR   Record 05   Q7BMO   Q7BDA   Q7BYR
Date first mentioned Q7A|_|-|_|-|_| Date last mentioned |_|-|_|-|_|
                     MO   DAY   YR   MO   DAY   YR
Q7ACOM
Verbatim ___Q7ASPEC___   Verbatim ___Q7BCOM   Q7BSPEC___

DIAGNOSES: Record any liver-related diagnoses made **before** or **after** the initial transfusion date. List any historical or chronic
conditions only once. Do not record a historical diagnosis if the record for the initial diagnosis is available.

CODE: Coded by Westat using ICD-9-CM.

HX: 1 - Medical record for the initial diagnosis was available.
     2 - Initial diagnosis was recorded in the history only but **is** confirmed (i.e., physician made a definitive diagnosis
         but the medical record for it was not available).
     3 - Initial diagnosis was recorded in the history only and **is not** confirmed (i.e., physician mentioned a possible
         diagnosis in the history section of a medical record but the diagnosis is not mentioned as being confirmed).

DATE FIRST DIAGNOSED/RECORDED: Record date the condition was first diagnosed. If the initial date of diagnosis is
     not known, record the earliest date at which the condition was mentioned.

DESCRIBE REASONS FOR DIAGNOSES: List the basis upon which each diagnosis was made.

* This category is to be used sparingly and only in those cases where a definitive diagnosis is not given or cannot be established.

Principal Investigator concurs with abstractor's findings   ABSINIT
     Yes ☐   No ☐ PIREVIEW   ·   GENCOM |_|_|
                        PICONCUR   Record 06 (repeats)   Abstractor's
                                            COMMENT   Initials
                    ABS   1

Record 03 (repeats)

If tests results were given for liver-function tests, please record the results below next to each test. If no result was given for a test, put NG on the line next to that test for "NOT GIVEN". Circle N if the result is said to be normal, or A for abnormal if the result is said to be abnormal. If no indication is given if the test was normal or abnormal, then just give the value and don't circle anything.

Total Protein .... Q3PRO .... N/A Q3PROA

Albumin .... Q3ALB .... N/A Q3ALBA

Alkaline Phosphatase .... Q3ALK .... N/A Q3ALKA

ALT (SGPT) .... Q3ALT .... N/A Q3ALTA

AST (SGOT) .... Q3AST .... N/A Q3ASTA

Total Bilirubin .... Q3BIT .... N/A Q3BITA

Direct Bilirubin .... Q3BID .... N/A Q3BIDA

Date of Lab Values

LAB MO LABDA LAB YR

|__|__|·|__|__|·|__|__|

MO   DA   YR

Total Protein .... N/A

Albumin .... N/A

Alkaline Phosphatase .... N/A

ALT (SGPT) .... N/A

AST (SGOT) .... N/A

Total Bilirubin .... N/A

Direct Bilirubin .... N/A

Date of Lab Values

|__|__|·|__|__|·|__|__|

MO   DA   YR

Total Protein .... N/A

Albumin .... N/A

Alkaline Phosphatase .... N/A

ALT (SGPT) .... N/A

AST (SGOT) .... N/A

Total Bilirubin .... N/A

Direct Bilirubin .... N/A

Date of Lab Values

|__|__|·|__|__|·|__|__|

MO   DA   YR

ABS 2