## Data Collection Form

**Title**

**Principal investigator:**

**Dr.**

|  |  |  |
| --- | --- | --- |
| **Inclusion criteria** | **Yes** | **No** |
|  | **1** **1** | **2****2** |
|  | **1** **1** | **2****2** |
|  | **1** **1** | **2****2** |

|  |  |  |
| --- | --- | --- |
| **Exclusion criteria** | **Yes** | **No** |
|  | **1****1** | **2****2** |
|  | **1****1** | **2****2** |
|  | **1****1** | **2****2** |
|  | **1****1** | **2****2** |

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| --- | --- | --- | --- |
| **Date of consent** |  ***Day Month Year*** | **Age at enrolment** |  **Years (e.g. 045)** |
| **Investigator’s name**  |  | **Investigator’s signature** |  |

|  |  |
| --- | --- |
| **Date of presentation** |  ***Day Month Year*** |
| **Age at diagnosis** | **Years (e.g. 045)** | **Gender**  | **Male Female** **1 2** |
| **Nationality** | **Saudi Non Saudi** **1 2** | **Area of residence** | **Within Makkah Outside Makkah** **1 2**  |

|  |  |
| --- | --- |
| **Diagnosis** |  **1 2**  |
| **If -------, please complete:** |
|   **1 2 3**  **4** |

|  |
| --- |
| **Clinical presentation** |
|  |  **Yes No NK** **1 2 3** |
|  |  **Yes No NK** **1 2 3** |
|  |  **Yes No NK** **1 2 3** |
|  |  **Yes No NK** **1 2 3** |
|  |  **Yes No NK** **1 2 3** |

|  |  |  |
| --- | --- | --- |
| **Laboratories findings**  | **Date**  |  ***Day Month Year*** |
| **Test name** | **Test value** | **Unit** | **Normal** | **Abnormal** | **ND/NK** |
| **Total Bilirubin** |  **.** | **Mg/dl** |  **Yes No**  **1 2**  | **CS NCS**  **1 2**  |  |
| **Direct Bilirubin** |  **.** | **Mg/dl** |  **Yes No**  **1 2**  | **CS NCS**  **1 2**  |  |
| **AST** |  | **U/L** |  **Yes No**  **1 2**  | **CS NCS**  **1 2**  |  |

|  |  |
| --- | --- |
| **----------analysis** |  **Done Not done** **1 2**  |
| **If done, please complete**  |
| **------** |  **Yes No NA NK** **1 2 3 4** |
| **----** |  **Yes No NA NK** **1 2 3 4** |
| **Other**  |  **Yes No NA NK** **1 2 3 4** |
| **If other, please specify** |  |
|  |  |

|  |  |
| --- | --- |
| **----------- markers** |  **Done Not done** **1 2**  |
| **If done, please complete**  |
| **-----** |  **Positive Negative NA NK** **1 2 3 4** | **------** |  **Positive Negative NA NK** **1 2 3 4** |
| **----** |  **Positive Negative NA NK** **1 2 3 4** | **-------** |  **Positive Negative NA NK** **1 2 3 4** |

|  |  |
| --- | --- |
| **Date of start of ---------** |  ***Day Month Year*** |
| **Treatment protocol** |   **1 2 3**  **4 5**  |
| **If others , specify** |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| --- | --- |
|  **Did patient have ----------?**  |  **Yes No**  **1 2**  |
| **If yes, date of --------** |  ***Day Month Year*** |
| **Date of Last Contact** |  ***Day Month Year*** |
| **Status at Last Contact** |  **Alive Without Disease Alive With Disease**   **1 2**  **Dead Without Disease Dead With Disease 3 4**  **Treatment Related Mortality** **5**  |
| **If not alive, date of death** |  ***Day Month Year*** |