## Data Collection Form

**Title**

**Principal investigator:**

**Dr.**

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

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| --- | --- | --- |
| **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** |

|  |  |  |  |  |  |
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| **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*** |