

Screening Study Participants No. \_\_ S \_ \_ \_

Initial of Name:

Date of birth: YYYY-MM-DD

Date of admission (the 1<sup>st</sup> date to ER or ward) : YYYY-MM-DD

Age:    years

Sex:  Male  Female

Bwt:     Kg

Ht:      cm

BMI:



		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Concomitant medication (which is used after the consent to clinical trial)

: Only the drugs of clinical significance are recorded by the clinician. (Ex. Fluid therapy is excluded)

None

Medication	Dose	Start Date	On-going	End Date

Dopamine (dose\_  $\mu\text{g}/\text{min}$  ), Start Date YYYY-MM-DD, End Date YYYY-MM-DD

Dobutamine (dose\_  $\mu\text{g}/\text{min}$  ), Start Date YYYY-MM-DD, End Date YYYY-MM-DD

Terlipressin (dose\_  $\text{mg}$ ), Start Date YYYY-MM-DD, End Date YYYY-MM-DD

Epinephrine (dose\_  $\mu\text{g}/\text{min}$  ), Start Date YYYY-MM-DD, End Date YYYY-MM-DD

Norepinephrine (dose\_  $\mu\text{g}/\text{min}$ ), Start Date YYYY-MM-DD, End Date YYYY-MM-DD

Antibiotics Yes (Drug Name:           ), Start Date YYYY-MM-DD, End Date YYYY-MM-DD

No

Date of test (YYYY-MM-DD):

Complete blood count (CBC)

Item	Result	If abnormal, CS NCS judgment
WBC( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

Routine Chemistry

Item	Result	If abnormal, CS NCS judgment
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K(mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
CRP(mg/dl)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

Coagulation test

Item	Result	If abnormal, CS NCS judgment	
PT(Sec)	Sec	<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)	%	<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

Urinalysis, ascites, culture study, stool lab

Specimen	Item	Result	If abnormal, CS NCS judgment	
Urinalysis	WBC(/HPF)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
	RBC(/HPF)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
	cast		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
	bacteria		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
	bilirubin		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
	nitrite		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
	Na/K/Cl(mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Ascites	WBC(absolute count)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
<input type="checkbox"/> Not	Neutrophil(absolute count)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

done <input type="checkbox"/> Done	Lymphocyte(absolute count)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
	Monocyte(absolute count)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
	RBC(absolute count)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
	Protein(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
	Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
	Amylase(U/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
	Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Culture study	Blood	<input type="checkbox"/> Not done <input type="checkbox"/> Positive (Name of bacteria: ) <input type="checkbox"/> Negative	<input type="checkbox"/> CS <input type="checkbox"/> NCS
	Ascites	<input type="checkbox"/> Not done <input type="checkbox"/> Positive (Name of bacteria: ) <input type="checkbox"/> Negative	<input type="checkbox"/> CS <input type="checkbox"/> NCS
	Urine	<input type="checkbox"/> Not done <input type="checkbox"/> Positive (Name of bacteria: ) <input type="checkbox"/> Negative	<input type="checkbox"/> CS <input type="checkbox"/> NCS
	Stool	<input type="checkbox"/> Not done <input type="checkbox"/> Positive (Name of bacteria: ) <input type="checkbox"/> Negative	<input type="checkbox"/> CS <input type="checkbox"/> NCS
Stool	parasite	<input type="checkbox"/> Not done	<input type="checkbox"/> CS <input type="checkbox"/> NCS

		( )	
	ova	<input type="checkbox"/> Not done ( )	<input type="checkbox"/> CS <input type="checkbox"/> NCS
	occult blood	<input type="checkbox"/> Not done ( )	<input type="checkbox"/> CS <input type="checkbox"/> NCS

Samples for research

- Blood    Urine    Ascites    Stool    Liver tissue    No

Clinical evaluation

Item	Result	If abnormal, CS NCS judgment
Systolic BP (mmHg)		
Diastolic BP (mmHg)		
Pulse rate (bpm)		
PaO <sub>2</sub> <input type="checkbox"/> Y <input type="checkbox"/> N	( ) mmHg	
SpO <sub>2</sub> <input type="checkbox"/> Y <input type="checkbox"/> N	( ) %	
O <sub>2</sub> supply	<input type="checkbox"/> No <input type="checkbox"/> Yes ( ) L/min <input type="checkbox"/> facial mask <input type="checkbox"/> nasal prong	
Mechanical ventilation	<input type="checkbox"/> Yes (FiO <sub>2</sub> : ) <input type="checkbox"/> No	
Respiratory rate (/min)		
Body temperature (°C)		
Infection at admission	<input type="checkbox"/> Spontaneous bacteremia	

	<input type="checkbox"/> SBP <input type="checkbox"/> Lower respiratory tract infection <input type="checkbox"/> C. difficile <input type="checkbox"/> bacterial enterocolitis <input type="checkbox"/> skin infection <input type="checkbox"/> UTI <input type="checkbox"/> intraabdominal infection <input type="checkbox"/> secondary bacterial peritonitis	
Gastrointestinal hemorrhage <input type="checkbox"/> Not done <input type="checkbox"/> Done	<input type="checkbox"/> No <input type="checkbox"/> Yes( <input type="checkbox"/> Esophageal varix <input type="checkbox"/> Gastric varix <input type="checkbox"/> Portal hypertensive gastropathy <input type="checkbox"/> Gastric ulcer <input type="checkbox"/> Duodenal ulcer <input type="checkbox"/> Mallory-Weiss <input type="checkbox"/> Angiodysplasia <input type="checkbox"/> etc(____)	
Encephalopathy	<input type="checkbox"/> No <input type="checkbox"/> Yes (grade__ [1-4])	1) Grade 0: Subclinical 2) Grade 1: depression, mania, sleep disturbance 3) Grade 2: somnolence, personality change, flapping

		tremor 4) Grade 3: Most of the time sleep but you can wake up 5) Grade 4: coma
Dialysis / renal replacement therapy	<input type="checkbox"/> Not done <input type="checkbox"/> Done	

Other blood test :  Yes  No

Date of test: (YYYY-MM-DD) :

Image, tissue, other blood test

Item	Result	If abnormal, check CS NCS
HBsAg	<input type="checkbox"/> negative <input type="checkbox"/> positive	<input type="checkbox"/> CS <input type="checkbox"/> NCS
Anti-HCV	<input type="checkbox"/> negative <input type="checkbox"/> positive	<input type="checkbox"/> CS <input type="checkbox"/> NCS
Anti-HIV	<input type="checkbox"/> negative <input type="checkbox"/> positive	<input type="checkbox"/> CS <input type="checkbox"/> NCS
Chest PA <input type="checkbox"/> Y <input type="checkbox"/> N (YYYY-MM-DD)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (impression:____)	<input type="checkbox"/> CS <input type="checkbox"/> NCS
Abdomen USG or CT or MRI <input type="checkbox"/> Y <input type="checkbox"/> N (YYYY-MM-DD)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (impression:____) Ascites <input type="checkbox"/> Yes <input type="checkbox"/> No	
Endoscopy <input type="checkbox"/> Y <input type="checkbox"/> N (YYYY-MM-DD)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Esophageal varix: F1/2/3, RCS(+/-) <input type="checkbox"/> Gastric varix: F1/2/3, RCS(+/-) <input type="checkbox"/> Portal hypertensive gastropathy <input type="checkbox"/> Gastric ulcer	

	<input type="checkbox"/> Duodenal ulcer <input type="checkbox"/> Mallory-Weiss <input type="checkbox"/> Angiodysplasia <input type="checkbox"/> etc_____	
AFP <input type="checkbox"/> Y <input type="checkbox"/> N (YYYY-MM-DD)	<input type="checkbox"/> IU/ml <input type="checkbox"/> ng/ml	<input type="checkbox"/> CS <input type="checkbox"/> NCS
Procalcitonin (ng/ml) <input type="checkbox"/> Y <input type="checkbox"/> N (YYYY-MM-DD)		
HVPG <input type="checkbox"/> Y <input type="checkbox"/> N (YYYY-MM-DD)	( )mmHg	
Histologic scoring or liver (transjugular or percutaneous biopsy) <input type="checkbox"/> Y <input type="checkbox"/> N (YYYY-MM-DD)	hepatocellular damage/ballooning (0=mild; 1=marked)	
	Mallory bodies (0=absent; 1=present)	
	Polymorphonuclear (PMN) infiltration (0=mild; 1=moderate/severe)	
	Steatosis (0, <33%; 1, 33 - 66%; 2, >66%)	
	Lobular fibrosis (0=no fibrosis or zone 3; 1=fibrosis in zone 2+3; 2=panlobular fibrosis),	
	Fibrosis stage (0=no fibrosis or portal fibrosis; 1= expansive periportal fibrosis; 2= bridging fibrosis and	

	cirrhosis)	
	Megamitochondria (0=no; 1=yes)	
	Bilirubinostasis (0=none; 1=hepatocellular bilirubinostasis; 2=canalicular or ductular bilirubinostasis; 3=hepatocellular + canalicular or ductular bilirubinostasis)	

### Eligibility Evaluation

Criteria of Inclusion	Yes	No
1. Age > 20 years, < 80 years	<input type="checkbox"/>	<input type="checkbox"/>
2. History of clinically significant amount of alcohol intake ( $\geq 50$ g daily for men, and $\geq 40$ g daily for women over the last 2 months)	<input type="checkbox"/>	<input type="checkbox"/>
3. MDF during the screening period = $[4.6 \times (\text{patient's prothrombin time, sec} - \text{control prothrombin time, sec})] + \text{serum bilirubin level (mg/dL)} \geq 32$	<input type="checkbox"/>	<input type="checkbox"/>
4. Newly occurred jaundice within the last 3 months when a liver biopsy could not be performed, (total serum bilirubin level $> 5$ mg/dL), or pathological findings of transjugular liver tissue biopsy consistent with alcoholic hepatitis (hepatocellular ballooning and polymorphonuclear leukocytic infiltration)	<input type="checkbox"/>	<input type="checkbox"/>

5. After satisfying criteria nos. 1–4, Lille score >0.16 on day 7 after daily administration of 40 mg prednisolone (or intravenous methylprednisolone of the equivalent efficacy dose in case of oral intolerability)	<input type="checkbox"/>	<input type="checkbox"/>
▶ If any of the above criteria falls into 'No', you will not be able to participate in random assignments.		

Criteria of Exclusion	Yes	No
1. Positive for the hepatitis B surface antigen, anti-hepatitis C antibody, or anti-human immunodeficiency virus antibody	<input type="checkbox"/>	<input type="checkbox"/>
2. Malignant neoplasm including hepatocellular carcinoma	<input type="checkbox"/>	<input type="checkbox"/>
3. Portal vein thrombosis, hemochromatosis, autoimmune hepatitis, Wilson's disease, or alpha-1-antitrypsin deficiency	<input type="checkbox"/>	<input type="checkbox"/>
4. Pregnant or breastfeeding women or those who refuse to use or cannot use contraceptives	<input type="checkbox"/>	<input type="checkbox"/>
5. History of hypersensitivity to G-CSF injection	<input type="checkbox"/>	<input type="checkbox"/>
6. Hypovolemic shock due to gastrointestinal bleeding at the time of hospitalization, or in need of a transfusion of more than 3 units of packed red blood cells, or MDF is elevated from <32 points to ≥32 points due to gastrointestinal bleeding	<input type="checkbox"/>	<input type="checkbox"/>
7. Sepsis or uncontrolled acute infection	<input type="checkbox"/>	<input type="checkbox"/>
8. Hepatic encephalopathy grade 3–4	<input type="checkbox"/>	<input type="checkbox"/>
9. Patients with a previous treatment history of corticosteroids or pentoxifylline within the past 3 months	<input type="checkbox"/>	<input type="checkbox"/>
10. Myeloblasts observed in peripheral blood	<input type="checkbox"/>	<input type="checkbox"/>
11. Severe comorbidities (type 1 hepatorenal syndrome or serum creatinine	<input type="checkbox"/>	<input type="checkbox"/>

>2.5 mg/dL at the time of screening, heart failure, lung disease, mental illness, and acute pancreatitis)			
12. Refusal to participate in the clinical trial		<input type="checkbox"/>	<input type="checkbox"/>
▶ If any of the above criteria falls into 'Yes', you will not be able to participate in random assignments.			
<b>Assessment of suitability of subjects</b>			
Is this study participant trial eligible for this clinical? <input type="checkbox"/> Yes <input type="checkbox"/> No →Reason: _____			
<b>Signature / Date</b>			
<b>Writer</b>		<b>Checker</b>	

**Screening failure**

<b>Date of screening failure (before randomization)</b>	(YYYY-MM-DD)
<b>Reason</b> → check one point	<input type="checkbox"/> Ineligibility for inclusion/exclusion criteria <input type="checkbox"/> Liver transplantation <input type="checkbox"/> Adverse event <input type="checkbox"/> Non-fulfilment for the trial plan

	<input type="checkbox"/> Request for the study participants <input type="checkbox"/> Follow-up loss <input type="checkbox"/> etc → reason: _____			
<b>Signature / Date</b>				/
<b>Writer</b>		<b>Checker</b>		

**Drug**

Steroid <input type="checkbox"/> Prednisolone <input type="checkbox"/> methylprednisolone	Start date (YYYY-MM-DD) , Dose (      mg ) End date (YYYY-MM-DD)
Pentoxifylline <input type="checkbox"/> Yes <input type="checkbox"/> No	Start date (YYYY-MM-DD) , Dose (      mg ) End date (YYYY-MM-DD)
N-acetylcysteine <input type="checkbox"/> Yes <input type="checkbox"/> No	Start date (YYYY-MM-DD) , Dose (      mg ) End date (YYYY-MM-DD)

**Partial responder or Null responder**

**G-CSF or placebo injection** (      ) ug/kg (Date of Injection: day 8-12, 15, 18, 21, 24, 27, 30, and 33).

1st Dose : (YYYY-MM-DD)

2<sup>nd</sup> Dose : (YYYY-MM-DD)

3<sup>rd</sup> Dose : (YYYY-MM-DD)

4<sup>th</sup> Dose : (YYYY-MM-DD)

5<sup>th</sup> Dose : (YYYY-MM-DD)

6<sup>th</sup> Dose : (YYYY-MM-DD)

7<sup>th</sup> Dose : (YYYY-MM-DD)

8<sup>th</sup> Dose : (YYYY-MM-DD)

9<sup>th</sup> Dose : (YYYY-MM-DD)

10<sup>th</sup> Dose : (YYYY-MM-DD)

11<sup>th</sup> Dose : (YYYY-MM-DD)

12<sup>th</sup> Dose : (YYYY-MM-DD)**Randomization**

Lille category	Treatment arms	
Complete responder	Not applicable (continue steroid)	<del></del>
Partial responder	steroid+placebo vs. steroid+G-CSF	
Null responder	placebo vs. G-CSF	

At admission day (admission lab), if  $MDF \geq 32$  regardless of biopsy or not, day of starting steroid treatment is defined as day 0.

At admission day, if  $MDF < 32 \rightarrow$  Day at  $MDF \geq 32$  is the baseline (Day 0), / if liver biopsy is performed, day at  $MDF \geq 32$  is the baseline and day of starting steroid treatment is day 0.

**Day 1 (Day of starting steroid treatment or most recent date just before steroid use)**

Date of test: (YYYY-MM-DD)

## Complete blood count

Item	Result	If abnormal, check CS NCS
WBC( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

## Routine Chemistry

Item	Result	If abnormal, check CS NCS
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

## Coagulation test

item	Result	If abnormal, check CS NCS	
PT(Sec)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

**Day 3**

Date of test: (YYYY-MM-DD)

Complete blood count

Item	Result	If abnormal, check CS NCS
WBC( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

Routine Chemistry

Item	Result	If abnormal, check CS NCS
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

## Coagulation test

item	Result	If abnormal, check CS NCS	
PT(Sec)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

**Day 7:**

Date of test: (YYYY-MM-DD)

## Complete blood count

Item	Result	If abnormal, check CS NCS
WBC( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

## Routine Chemistry

Item	Result	If abnormal, check CS NCS
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

Coagulation test

item	Result	If abnormal, check CS NCS	
PT(Sec)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

Sampling for research

Blood  No

Clinical evaluation

Item,	Result	If abnormal, check CS NCS
Systolic BP (mmHg)		
Diastolic BP (mmHg)		
Pulse rate (bpm)		
Pressor <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Dopamine (dose_ $\mu$ g/min _) <input type="checkbox"/> Dobutamine (dose_ $\mu$ g/min _) <input type="checkbox"/> Terlipressin (dose_ mg_)	

	<input type="checkbox"/> Epinephrine (dose__ µg/min _) <input type="checkbox"/> Norepinephrine (dose__ µg/min _)	
PaO <sub>2</sub> <input type="checkbox"/> Y <input type="checkbox"/> N	( )mmHg	
SpO <sub>2</sub> <input type="checkbox"/> Y <input type="checkbox"/> N	( ) %	
O <sub>2</sub> supply	<input type="checkbox"/> No <input type="checkbox"/> Yes ( ) L/min <input type="checkbox"/> facial mask <input type="checkbox"/> nasal prong	
Mechanical ventilation	<input type="checkbox"/> Yes (FiO <sub>2</sub> : ) <input type="checkbox"/> No	
Respiratory rate (/min)		
Body temperature (°C)		
Infection at admission	<input type="checkbox"/> Spontaneous bacteremia <input type="checkbox"/> SBP <input type="checkbox"/> Lower respiratory tract infection <input type="checkbox"/> C. difficile <input type="checkbox"/> bacterial enterocolitis <input type="checkbox"/> skin infection <input type="checkbox"/> UTI <input type="checkbox"/> intraabdominal infection <input type="checkbox"/> secondary bacterial peritonitis	
Gastrointestinal hemorrhage ( <input type="checkbox"/> Not done <input type="checkbox"/> Done	<input type="checkbox"/> No <input type="checkbox"/> Yes( <input type="checkbox"/> Esophageal varix <input type="checkbox"/> Gastric varix <input type="checkbox"/> Portal hypertensive gastropathy <input type="checkbox"/> Gastric ulcer <input type="checkbox"/> Duodenal ulcer	

	<input type="checkbox"/> Mallory-Weiss <input type="checkbox"/> Angiodysplasia <input type="checkbox"/> etc (_____)	
Encephalopathy	<input type="checkbox"/> No <input type="checkbox"/> Yes (grade__ [1-4])	
Dialysis / renal replacement therapy	<input type="checkbox"/> Not done <input type="checkbox"/> Done	
<b>Lille score</b>	<input type="checkbox"/> Complete responder( $\leq 0.16$ ) <input type="checkbox"/> Partial responder ( $0.16 < \text{Lille} < 0.56$ ) <input type="checkbox"/> Null responder( $\geq 0.56$ )	

**Day 9**

Date of test: (YYYY-MM-DD)

## Complete blood count

Item	Result	If abnormal, check CS NCS
WBC( $\chi 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\chi 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

## Routine Chemistry

Item	Result	If abnormal, check CS NCS
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

## Coagulation test

item	Result	If abnormal, check CS NCS	
PT(Sec)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

**Day 11**

Date of test: (YYYY-MM-DD)

## Complete blood count

Item	Result	If abnormal, check CS NCS
WBC( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

## Routine Chemistry

Item	Result	If abnormal, check CS NCS
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

## Coagulation test

item	Result	If abnormal, check CS NCS	
PT(Sec)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

**Day 14**

Date of test: (YYYY-MM-DD)

## Complete blood count

Item	Result	If abnormal, check CS NCS
WBC( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

## Routine Chemistry

Item	Result	If abnormal, check CS NCS
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

## Coagulation test

item	Result	If abnormal, check CS NCS	
PT(Sec)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

**Day 17**

Date of test: (YYYY-MM-DD)

## Complete blood count

Item	Result	If abnormal, check CS NCS
WBC( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

## Routine Chemistry

Item	Result	If abnormal, check CS NCS
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

## Coagulation test

item	Result	If abnormal, check CS NCS	
PT(Sec)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

**Day 20**

Date of test: (YYYY-MM-DD)

## Complete blood count

Item	Result	If abnormal, check CS NCS
WBC( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

## Routine Chemistry

Item	Result	If abnormal, check CS NCS
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

## Coagulation test

item	Result	If abnormal, check CS NCS	
PT(Sec)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

**Day 23**

Date of test: (YYYY-MM-DD)

## Complete blood count

Item	Result	If abnormal, check CS NCS
WBC( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

## Routine Chemistry

Item	Result	If abnormal, check CS NCS
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

## Coagulation test

item	Result	If abnormal, check CS NCS	
PT(Sec)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

**Day 26**

Date of test: (YYYY-MM-DD)

## Complete blood count

Item	Result	If abnormal, check CS NCS
WBC( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

## Routine Chemistry

Item	Result	If abnormal, check CS NCS
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

## Coagulation test

item	Result	If abnormal, check CS NCS	
PT(Sec)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

**Day 29**

Date of test: (YYYY-MM-DD)

## Complete blood count

Item	Result	If abnormal, check CS NCS
WBC( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

## Routine Chemistry

Item	Result	If abnormal, check CS NCS
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

## Coagulation test

item	Result	If abnormal, check CS NCS	
PT(Sec)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

**Day 32**

Date of test: (YYYY-MM-DD)

## Complete blood count

Item	Result	If abnormal, check CS NCS
WBC( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

## Routine Chemistry

Item	Result	If abnormal, check CS NCS
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

## Coagulation test

item	Result	If abnormal, check CS NCS	
PT(Sec)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

**Day 35**

Date of test: (YYYY-MM-DD)

## Complete blood count

Item	Result	If abnormal, check CS NCS
WBC( $\chi 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\chi 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

## Routine Chemistry

Item	Result	If abnormal, check CS NCS
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
AST(SGOT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

Coagulation test

item	Result	If abnormal, check CS NCS	
PT(Sec)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS	<input type="checkbox"/> NCS

Urinalysis

Specimen	Item	Result	If abnormal, check CS NCS
Urinalysis	WBC(/HPF)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
	RBC(/HPF)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
	cast		<input type="checkbox"/> CS <input type="checkbox"/> NCS
	bacteria		<input type="checkbox"/> CS <input type="checkbox"/> NCS
	bilirubin		<input type="checkbox"/> CS <input type="checkbox"/> NCS
	nitrite		<input type="checkbox"/> CS <input type="checkbox"/> NCS
	Na/K/Cl(mmol/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

Sampling for research

Blood  Liver tissue  No

## Clinical evaluation

Item	Result	If abnormal, check CS NCS
Systolic BP (mmHg)		
Diastolic BP (mmHg)		
Pulse rate (bpm)		
Pressor	<input type="checkbox"/> Dopamine (dose_ $\mu$ g/min _) <input type="checkbox"/> Dobutamine (dose_ $\mu$ g/min ) <input type="checkbox"/> Terlipressin (dose_ mg_) <input type="checkbox"/> Epinephrine (dose_ $\mu$ g/min) <input type="checkbox"/> Norepinephrine (dose_ $\mu$ g/min _)	
PaO <sub>2</sub> <input type="checkbox"/> Y <input type="checkbox"/> N	( ) mmHg	
SpO <sub>2</sub> <input type="checkbox"/> Y <input type="checkbox"/> N	( ) %	
O <sub>2</sub> supply	( ) L/min <input type="checkbox"/> facial mask <input type="checkbox"/> nasal prong	
Mechanical ventilation	<input type="checkbox"/> Yes (FiO <sub>2</sub> : ) <input type="checkbox"/> No	
Respiratory rate (/min)		
Body temperature (°C)		
Infection at admission	<input type="checkbox"/> Spontaneous bacteremia <input type="checkbox"/> SBP <input type="checkbox"/> Lower respiratory tract infection <input type="checkbox"/> C. difficile <input type="checkbox"/>	

	bacterial enterocolitis <input type="checkbox"/> skin infection <input type="checkbox"/> UTI <input type="checkbox"/> intraabdominal infection <input type="checkbox"/> secondary bacterial peritonitis	
Gastrointestinal hemorrhage <input type="checkbox"/> Not done <input type="checkbox"/> Done	<input type="checkbox"/> No <input type="checkbox"/> Yes ( <input type="checkbox"/> Esophageal varix <input type="checkbox"/> Gastric varix <input type="checkbox"/> Portal hypertensive gastropathy <input type="checkbox"/> Gastric ulcer <input type="checkbox"/> Duodenal ulcer <input type="checkbox"/> Mallory-Weiss <input type="checkbox"/> Angiodysplasia <input type="checkbox"/> etc (____))	
Encephalopathy	<input type="checkbox"/> No <input type="checkbox"/> Yes (grade__ [1-4])	
Dialysis / renal replacement therapy	<input type="checkbox"/> Not done <input type="checkbox"/> Done	

Imaging test:  Yes  No

Date: (YYYY-MM-DD)

Result:

Tissue (histologic evaluation, HVPG)

Item	Result	If abnormal, check CS NCS
HVPG <input type="checkbox"/> Y <input type="checkbox"/> N (YYYY-MM-DD)	( )mmHg	
Histologic scoring	hepatocellular damage/ballooning (0=mild;	

(transjugular percutaneous biopsy) <input type="checkbox"/> Y <input type="checkbox"/> N (YYYY-MM-DD)	or	1=marked)	
	liver	Mallory bodies (0=absent; 1=present)	
		Polymorphonuclear (PMN) infiltration (0=mild; 1=moderate/severe)	
		Steatosis (0, <33%; 1, 33 - 66%; 2, >66%)	
		Lobular fibrosis (0=no fibrosis or zone 3; 1=fibrosis in zone 2+3; 2=panlobular fibrosis),	
		Fibrosis stage (0=no fibrosis or portal fibrosis; 1= expansive periportal fibrosis; 2= bridging fibrosis and cirrhosis)	
		Megamitochondria (0=no; 1=yes)	
		Bilirubinostasis (0=none; 1=hepatocellular bilirubinostasis; 2=canalicular or ductular bilirubinostasis; 3=hepatocellular + canalicular or ductular bilirubinostasis)	

**< Re-evaluation items during hospitalization >****1. Nosocomial or second infection (Recorded each time it occurs)**

- date: YYYY-MM-DD

- Admission 48 hours - Infection-related symptoms until discharge

cough sputum production dyspnea pleuritic pain diarrhea

- Infection-related physical examination and examination findings

rale crepitation shivering cellulitis intraabdominal infection evidence (diverticulitis appendicitis cholangitis) C.difficile antibody

- Type of infection

Spontaneous bacteremia SBP Lower respiratory tract infection C. difficile bacterial enterocolitis skin infection UTI intraabdominal infection secondary bacterial peritonitis

-Presence of SIRS: Body temperature ( )°C Heart rate ( )/min RR ( )/min WBC(date of infection determination) ( )/μL

**2. Presence of ACLF (acute-on-chronic liver failure)**

1) Liver (bilirubin)

- Date of aggravation: YYYY-MM-DD

- value: ( )mg/dL

2) Kidney (creatinine)

- Date of aggravation: YYYY-MM-DD

- value: ( )mg/dL

- new Renal Replacement Therapy: None Done

3) Cerebral (HE grade)

- Date of aggravation: YYYY-MM-DD

- Grade (I-IV)

4) Coagulation

- Date of aggravation: YYYY-MM-DD
- value: INR ( ) platelet [if < 20,000/ $\mu$ L] ( )/ $\mu$ L

## 5) Circulation (BP)

- Date of aggravation: YYYY-MM-DD
- value: sBP ( ) dBP ( )mmHg
- new pressor: Dopamine (dose\_\_  $\mu$ g/min) Dobutamine (dose\_\_  $\mu$ g/min) Terlipressin (dose\_\_mg\_)
- Epinephrine (dose\_\_  $\mu$ g/min) Norepinephrine (dose\_\_  $\mu$ g/min)

## 6) Lung

- Date of aggravation: YYYY-MM-DD
- PaO<sub>2</sub> (ABGA) ( )mmHg SpO<sub>2</sub> ( )%
- O<sub>2</sub> ( )L/min  facial mask  nasal prong
- Mechanical ventilation: Yes (FiO<sub>2</sub>: ) No

**3. Endpoint**

## 1) During hospitalization

- Date: YYYY-MM-DD
- Endpoint:  Survival(recovery)  Survival (transfer)  Death  Transplantation (LDLT\_\_(donor:\_\_\_)/DDLTL\_\_)

## 2) After discharge

- Last visit date (or date of death): YYYY-MM-DD
- Endpoint:  Survival  Death  Unknown

## 3) Cause of death

- Liver failure ACLF Infection/sepsis Gastrointestinal bleeding Hepatorenal syndrome Etc(describe)\_\_\_

Adverse Event  Yes  No

Subject number:

Initial:

Adverse Event	Date of occurrence (YYYY/MM/DD)	Date of lost (YYYY/MM/DD) ( <input type="checkbox"/> continuous)	Grade (A)	Serious (B)	Result (C)	Causal relationship (D)	Treatment (E)	IP interruption (F)	IP restart date (YYYY/MM/DD)
	____/____/____	____/____/____ ( <input type="checkbox"/> continuous)							____/____/____
	____/____/____	____/____/____ ( <input type="checkbox"/> continuous)							____/____/____
	____/____/____	____/____/____ ( <input type="checkbox"/> continuous)							____/____/____
	____/____/____	____/____/____ ( <input type="checkbox"/> continuous)							____/____/____
	____/____/____	____/____/____ ( <input type="checkbox"/> continuous)							____/____/____
	____/____/____	____/____/____ ( <input type="checkbox"/> continuous)							____/____/____
	____/____/____	____/____/____ ( <input type="checkbox"/> continuous)							____/____/____

Grade (A) 1=Mild, 2=Moderate, 3=Severe  
 Serious (B) 1=not serious, 2=Serious, (if SAE, please report)  
 Result (C) 1=recovery, without complication, 2= recovery, with complication, 3=continous, no need for follow-up, 4= continous, follow-up loss, 5=death  
 Causal relationship (D) 1=relation (+), 2= relation (-), 3=Impossible evaluation, 4=NA  
 Treatment (E) 1=No treatment, 2=Medication, 3=Non-medical treatment, 4=Admission/prologation of admission  
 IP interruption 1= Permanent interruption, 2= Temporary interruption, 3=No interruption, 4=NA

(F)

Drug (Ingredients)		Purpose		Daily dose	Dosage unit <sup>(1)</sup>	Route of administration <sup>(2)</sup>	Start date of administration (DD/MMM/YYYY)	End date of administration (DD/MMM/YYYY)	During administration			
									<input type="checkbox"/>			
									<input type="checkbox"/>			
									<input type="checkbox"/>			
									<input type="checkbox"/>			
									<input type="checkbox"/>			
									<input type="checkbox"/>			
									<input type="checkbox"/>			
									<input type="checkbox"/>			
<b>unit Reference number</b>	<b>01</b>	mg	<b>02</b>	g	<b>03</b>	mcg	<b>04</b>	mL	<b>05</b>	L		
	<b>06</b>	T(Tablet)	<b>07</b>	C(Capsule)	<b>88</b>	NA(not applicable)	<b>97</b>	etc	<b>99</b>	UK		
<b>Route Reference number</b>	<b>01</b>	oral: PO		<b>02</b>	sublingual: SL		<b>03</b>	Intramuscular :IM		<b>04</b>	intravenous: IV	
	<b>05</b>	subcutaneous: SC		<b>06</b>	Inhalation		<b>07</b>	Skin application		<b>08</b>	Mucosal application	
	<b>09</b>	Rectal administration		<b>10</b>	etc		<b>88</b>	NA		<b>99</b>	UK	

Concomitant medication  Yes  No

Subject number:

Initial:

### Unscheduled visit

Date of visit:

Subject number:

Initial:

1. Reason for visit

- Adverse event
- If medical treatment is required after clinical examination
- etc (reason :

2. Bwt:  Yes     No , \_\_\_\_\_kg

3. Vital sign  Yes     No

BT: °C            PR: /min            RR: /min            S.B.P/D.B.P:    mmHg

4. ECOG Performance Status  0  1  2  3  4

5. Identified concomitant medication:

6. Identified adverse reactions:

7. Performed lab tests:



Details of Adverse events (Describe in detail of adverse events, clinical courses)

Action for Adverse Reactions (Describe in detail of treatment, results, and follow-up management)

★ Whether or not information about serious adverse events has been forwarded to the sponsor

Yes                      No                      N/A

★ Whether a research plan change is necessary?

Yes                      No

★ Whether any change in consent form is required?

Yes (Attached form of revised written consent form) No

Date: YYYY/MM/DD

Doctor:

Writer:

Comment:

**Follow-up visit (Day 60, Day 90, Day 120, Day 150, and Day 180)**

\* If the hospitalization is continued until the above point, repeat the following items every 1 week until the time of discharge, and follow the above point after discharge

Clinical assessment

1. Alcohol intake: follow-up AUDIT-K Yes No

Date of Laboratory test:

Complete blood count

Item	Result	If abnormal results
WBC( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Neutrophil (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Lymphocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Monocyte (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Hemoglobin(g/dL)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Platelet( $\times 10^3/\mu\text{L}$ )		<input type="checkbox"/> CS <input type="checkbox"/> NCS

Routine chemistry

Item	Result	If abnormal results
Inorganic P(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Glucose(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
BUN(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Creatinine(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GFR (mL/min)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

Uric acid(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Cholesterol(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Calcium(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total Protein(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Albumin(g/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Total bilirubin(mg/dl)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Alk.Phosphatase(IU/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
AST(SGOT)(IU/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
ALT(SGPT)(IU/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
GGT (IU/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
Na (mmol/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
K (mmol/L)		<input type="checkbox"/> CS <input type="checkbox"/> NCS

## Coagulation test

Item	Result	If abnormal results
PT(Sec)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
PT (%)		<input type="checkbox"/> CS <input type="checkbox"/> NCS
PT (INR)		<input type="checkbox"/> CS <input type="checkbox"/> NCS