Inclusion Criteria:		
1) Chronic liver disease or post-liver transplantation AND		
2) Laboratory confirmed COVID 19 infection		
Ideally this form should be completed after the patient has had COVID 19 for a long enough duration to experience partial or complete recovery, discharge, or death.		
If you have any questions, please reach out to info@covid-hep.net		
Reporter Information		
Name of reporter		
Email address of reporter		
Name of lead physician providing care for liver disease/post-liver transplant		
Name of center providing care for liver disease/post-liver transplant		
Name of hospital where patient received care for COVID 19 (enter 'NA' if patient not hospitalized)		
Patient Information		

○ Yes○ No



Is the patient >90 years of age?

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Age	○ 89○ 88		
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Country of residence	O Not in this country list
	○ land Islands
	○ Afghanistan○ Albania
	○ Algeria
	○ Andorra
	○ Angola
	O Anguilla
	AntarcticaAntigua and Barbuda
	Antigua and Barbuda Argentina
	○ Armenia
	○ Aruba
	Australia
	O Austria
	○ Azerbaijan○ Bahamas
	Bahrain
	Bangladesh
	○ Barbados
	O Belarius
	○ Belgium○ Belize
	○ Benin
	O Bermuda
	○ Bhutan
	Bolivia, Plurinational State of
	O Bosnia and Herzegovina
	○ Botswana○ Bouvet Island
	○ Brazil
	British Indian Ocean Territory
	Brunei Darussalam
	O Bulgaria
	O Burkina Faso
	○ Burundi○ Cte dlvoire
	○ Cambodia
	O Cameroon
	Canada
	Cape Verde
	Cayman Islands
	Central African RepublicChad
	O Chile
	○ China
	○ Christmas Island
	Cocos (Keeling) Islands
	○ Colombia○ Comoros
	○ Congo
	Congo, the Democratic Republic of the
	○ Cook Islands
	O Costa Rica
	○ Croatia○ Cuba
	○ Cyprus
	Czech Republic
	○ Denmark
	O Djibouti
	O Dominica
	Dominican RepublicEcuador
	© Egypt
	○ El Salvador
	Equatorial Guinea
	○ Eritrea
	○ Estonia
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Falkland Islands (Malvinas)Faroe Islands
○ Fiji ○ Finland
○ France
French GuianaFrench Polynesia
French Southern Territories
○ Gabon○ Gambia
○ Georgia○ Germany
Ghana
○ Gibraltar○ Greece
Greenland
○ Grenada○ Guadeloupe
GuatemalaGuernsey
O Guinea
○ Guinea-Bissau○ Guyana
O Haiti
Heard Island and McDonald IslandsHoly See (Vatican City State)
HondurasHong Kong
○ Hungary
◯ lceland ◯ lndia
◯ Indonesia
Iran, Islamic Republic ofIraq
◯ Ireland ◯ Isle of Man
○ Israel
○ Italy○ Jamaica
Japan
○ Jersey○ Jordan
KazakhstanKenya
○ Kiribati
Korea, Democratic Peoples Republic ofKorea, Republic of
Kuwait
KyrgyzstanLao Peoples Democratic Republic
○ Latvia○ Lebanon
Lesotho
LiberiaLibyan Arab Jamahiriya
LiechtensteinLithuania
Luxembourg
MacaoMacedonia, the former Yugoslav Republic of
○ Madagascar
○ Malawi○ Malaysia
 Maldives Mali
◯ Malta
Marshall IslandsMartinique
Mauritania
○ Mauritius○ Mayotte

○ Mexico
 Micronesia, Federated States of
Moldova, Republic of
○ Monaco
○ Mongolia
○ Montenegro
Montserrat
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○ Morocco
○ Mozambique
Myanmar
○ Namibia
Nauru
○ Nepal
○ Netherlands
Netherlands Antilles
New Caledonia
New Zealand
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○ Nicaragua
Niger
○ Nigeria
Niue
Norfolk Island
Northern Mariana Islands
Norway
○ Oman
Pakistan
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○ Palau
Palestinian Territory, Occupied
○ Panama
Papua New Guinea
Paraguay
○ Peru
Philippines
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○ Pitcairn
○ Poland
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Portugal
○ Qatar
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○ Romania
Russian Federation
○ Rwanda
○ Saint Barthlemy
Coint Holona Assension and Tristan de Cunha
Saint Helena, Ascension and Tristan da Cunha
Saint Kitts and Nevis
○ Saint Lucia
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Saint Martin (French part)
Saint Pierre and Miguelon
 Saint Vincent and the Grenadines
Samoa
○ San Marino
Sao Tome and Principe
Saudi Arabia '
○ Senegal
Serbia
○ Seychelles
○ Sierra Leone
Singapore
○ Slovakia
SlovakiaSlovenia
SlovakiaSloveniaSolomon Islands
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 Syrian Arab Republic Taiwan, Province of China Tajikistan Tanzania, United Republic of Thailand Timor-Leste
○ Togo○ Tokelau
Tonga
Trinidad and Tobago Tunisia
Trinidad and TobagoTunisiaTurkey
Turkmenistan
Turks and Caicos IslandsTuvalu
○ Tuvalu ○ Uganda
Uganda Ukraine
United Arab EmiratesUnited KingdomUnited States
O United States
Uruguay
UruguayUzbekistanVanuatu
VanuatuVenezuela, Bolivarian Republic of
Vietnam
Virgin Islands, BritishWallis and FutunaWestern Sahara
○ Wallis and Futuna○ Western Sahara
Zambia
Zimbabwe

State of residence	ALABAMA
Gender	○ Female○ Male○ Other
Race/Ethnicity (may check more than one)	 White ☐ Black or African American ☐ American Indian / Native Alaskan ☐ East Asian (incl. Chinese, Japanese, Korean) ☐ South / South-East Asian (incl. Bangladeshi, Indian, Pakistani, Sri Lankan) ☐ Native Hawaiian / Pacific Islander ☐ Arabic ☐ Other ☐ Unknown
Other race/ethnicity	
Hispanic ethnicity	○ Hispanic/Latino○ Not Hispanic/Latino○ Unknown
Patient BMI category (in kg/m2)	

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Liver transplantation questions	
Has the patient had a liver transplantation?	

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25/03/2020 5:32pm

What year was the liver transplantation performed?	Ounknown ○ 2020 ○ 2019 ○ 2018 ○ 2017 ○ 2016 ○ 2015 ○ 2014 ○ 2013 ○ 2012 ○ 2011 ○ 2010 ○ 2009 ○ 2008 ○ 2007 ○ 2006 ○ 2005 ○ 2004 ○ 2003 ○ 2002 ○ 2001 ○ 2000 ○ 1999 ○ 1998 ○ 1997 ○ 1998 ○ 1997 ○ 1996 ○ 1995 ○ 1994 ○ 1993 ○ 1998 ○ 1997 ○ 1988 ○ 1989 ○ 1989 ○ 1980 ○ 1979 ○ 1974 ○ 1975 ○ 1974 ○ 1975 ○ 1974 ○ 1975 ○ 1974 ○ 1970 ○ 1968 ○ 1966 ○ 1965
Indication for liver transplant (select all that apply)	□ Decompensated cirrhosis□ Hepatocellular carcinoma□ Acute liver failure□ Other

Other indication for liver transplantation	
Underlying aetiology of liver disease (select all that apply)	Non-alcoholic fatty liver disease (NAFLD) Alcohol-related liver disease (ALD) Hepatitis C virus (HCV) Hepatitis B virus (HBV) Autoimmune hepatitis (AIH) IgG4-related disease Primary biliary cholangitis (PBC) Primary sclerosing cholangitis (PSC) Hemochromatosis Wilson's disease Other
Other aetiology	
Immunosuppression regimen at time of COVID 19 infection (select all that apply)	☐ Prednisone ☐ Tacrolimus ☐ Sirolimus ☐ Everolimus ☐ Cyclosporine ☐ Mycophenolate mofetil (MMF) ☐ Azathioprine ☐ Cyclophosphamide ☐ Other ☐ Unknown
What other immunosuppression medication was used at the time of COVID 19 infection?	
Current prophylactic antimicrobial regimen (select all that apply)	☐ Trimethoprim/sulfamethoxazole or Co-trimoxazole ☐ Dapsone ☐ Pentamidine ☐ Acyclovir/valacyclovir ☐ Fluconazole ☐ Ganciclovir/valganciclovir ☐ Foscarnet ☐ Other ☐ Unknown ☐ None
Other prophylactic antimicrobial regimen	

Does the patient have any of the following comorbidities (check all that apply)?	 □ Cardiovascular disease (coronary artery disease, heart failure, arrhythmia, etc.) □ Diabetes □ Asthma □ COPD □ Other Chronic Lung Disease (NOT asthma/COPD) □ Hypertension □ Non-HCC cancer □ History of stroke □ Chronic renal disease (CKD, etc.) □ Human immunodeficiency virus (HIV) infection □ Current cigarette smoker □ Current user of tobacco products other than cigarettes (vaping, etc) □ Current heavy alcohol use (>2 drinks/day for men, >1 drink/day for women)
Chronic liver disease questions	
Aetiology of liver disease (select all that apply)	 Non-alcoholic fatty liver disease (NAFLD) ☐ Alcohol-related liver disease (ALD) ☐ Hepatitis C virus (HCV) ☐ Hepatitis B virus (HBV) ☐ Autoimmune hepatitis (AIH) ☐ IgG4-related disease ☐ Primary biliary cholangitis (PBC) ☐ Primary sclerosing cholangitis (PSC) ☐ Hemochromatosis ☐ Wilson's disease ☐ Other
Other aetiology	
Does the patient have cirrhosis?	YesNoUnknown
Child Pugh grade prior to COVID 19 diagnosis?	ABCUnknown
Did the patient have ascites prior to COVID 19 diagnosis?	○ None○ Mild/moderate (diuretic responsive)○ Severe (diuretic refractory)○ Unknown
What was the worst grade of hepatic encephalopathy patient developed prior to COVID 19 diagnosis?	 None Grade 1 (trivial lack of awareness, shortened attention span) Grade 2 (lethargy, minimal disorientation, subtle personality change) Grade 3 (somnolence to semi-stupor but responsive to verbal stimuli, gross disorientation) Grade 4 (coma - unresponsive to verbal or noxious stimuli) Unknown

Has the patient ever had hepatocellular carcinoma?	YesNoUnknown
What immunosuppression was the patient taking for IgG4-related disease at time of COVID 19 diagnosis (may check more than one)?	NoneCorticosteroidsAzathioprineRituximabOtherUnknown
Other immunosuppression for IgG4-related disease	
Has the patient received steroids for alcoholic hepatitis recently (within 4 weeks of COVID 19 diagnosis)?	YesNoUnknown
Treatment for primary biliary cholangitis (PBC) at time of COVID 19 diagnosis	 □ Ursodeoxycholic acid □ Obeticholic acid □ Fibrate □ Other □ No treatment □ Unknown
Other PBC treatments	
Does the patient have inflammatory bowel disease (IBD)?	YesNoUnknown
Immunosuppression medication(s) patient was taking for IBD at time of COVID 19 diagnosis	☐ Prednisone/prednisolone ☐ Budesonide ☐ Azathioprine ☐ Methotrexate ☐ Mycophenolate ☐ Infliximab ☐ Adalimumab ☐ Ustekinumab ☐ Vedolizumab ☐ Other ☐ None ☐ Unknown
Other immunosuppression for IBD	
Treatment for autoimmune hepatitis (AIH) at time of COVID 19 diagnosis	☐ Prednisone/prednisolone ☐ Budesonide ☐ Azathioprine ☐ Mycophenolate ☐ Tacrolimus ☐ Other ☐ None ☐ Unknown
Other treatment for AIH	

Hepatitis B surface antigen (HBsAg) positive	YesNoUnknown
Treatment for HBV at the time of COVID 19 diagnosis	○ Tenofovir○ Entecavir○ Interferon○ None○ Unknown
Did the patient have detectable hepatitis C virus (HCV) RNA at the time of or prior to COVID 19 diagnosis?	YesNoUnknown
HCV genotype	○ 1○ 2○ 3○ 4○ 5○ 6○ 7○ Unknown
Active treatment for HCV at the time of COVID 19 diagnosis	YesNoUnknown
Does the patient have any of the following comorbidities (check all that apply)?	 □ Cardiovascular disease (coronary artery disease, heart failure, arrhythmia, etc.) □ Diabetes □ Asthma □ COPD □ Other Chronic Lung Disease (NOT asthma/COPD) □ Hypertension □ Non-HCC cancer □ History of stroke □ Chronic renal disease (CKD, etc.) □ Human immunodeficiency virus (HIV) infection □ Current cigarette smoker □ Current user of tobacco products other than cigarettes (vaping, etc) □ Current heavy alcohol use (>2 drinks/day for men >1 drink/day for women)
Laboratory data (leave fields blank if unknown)	
Baseline serum sodium (mmol/L)	
	(Before COVID 19 infection)
Nadir serum sodium (mmol/L)	
	(During COVID 19 infection)
Creatinine units	◯ μmol/L ◯ mg/dl
Baseline serum creatinine	
	(Before COVID 19 infection)

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Peak serum creatinine	
	(During COVID 19 infection)
Baseline prothrombin time (sec)	
	(Before COVID 19 infection)
Peak prothrombin time (sec)	
	(During COVID 19 infection)
Albumin units	○ g/dl ○ g/liter
Baseline albumin	
	(Before COVID 19 infection)
Nadir albumin	
	(During COVID 19 infection)
Total bilirubin units	◯ μmol/L ⊝ mg/dl
Baseline total bilirubin	
	(Before COVID 19 infection)
Peak total bilirubin	
	(During COVID 19 infection)
Baseline alanine aminotransferase (ALT) (IU/L)	
	(Before COVID 19 infection)
Peak alanine aminotransferase (ALT) (IU/L)	
	(During COVID 19 infection)
Baseline alkaline phosphatase (IU/L)	
	(Before COVID 19 infection)
Peak alkaline phosphatase (IU/L)	
	(During COVID 19 infection)



COVID 19 questions	
Was this lab confirmed COVID 19 infection?	YesNoUnknown
What symptoms did the patient have at the time of COVID 19 diagnosis?	 GI symptoms (abdominal pain, diarrhea, nausea, vomiting) Respiratory symptoms (shortness of breath, cough) Both GI and respiratory symptoms Neither GI or respiratory symptoms Unknown
Did patient test positive for influenza at time of COVID 19 infection?	YesNoUnknown
What complications did the patient develop during COVID 19 infection?	 New or worsening ascites Spontaneous bacterial peritonitis Hepatic encephalopathy Non-variceal upper GI bleeding Variceal upper GI bleeding New requirement for renal replacement therapy (e.g. hemodialysis) Other
Other complications of COVID 19 infection	
What was the grade of ascites during COVID 19 infection?	○ Mild/moderate○ Severe○ Unknown
What was the worst grade of hepatic encephalopathy during COVID 19 infection (based on West Haven Criteria)?	 Grade 1 (trivial lack of awareness, shortened attention span) Grade 2 (lethargy, minimal disorientation, subtle personality change) Grade 3 (somnolence to semi-stupor but responsive to verbal stimuli, gross disorientation) Grade 4 (coma - unresponsive to verbal or noxious stimuli) Unknown
Did the patient receive specific antiviral treatment for COVID 19 infection?	○ Yes○ No○ Unknown
Which of the following treatment(s) did patient receive for COVID 19 (select all that apply)?	Remdesivir Tocilizumab Lopinovir/ritonavir Chloroquine/hydroxychloroquine Ribavirin Interferon-alpha Other Unknown
Other type of antiviral treatment(s) received for COVID-19	

What was the reason the patient did not receive COVID 19 antiviral treatment (select all that apply)?	 ☐ Elevated liver enzymes ☐ Underlying liver fibrosis/cirrhosis ☐ Other contraindication (eg AKI) ☐ Treatment not available ☐ Other ☐ Unknown
What was the reason the patient did not receive COVID 19 antiviral treatment?	
Did the patient die?	○ Yes○ No○ Unknown
What was the primary cause of death?	Liver-related complicationsCOVID 19-related lung diseaseCardiogenic shockOther
Other cause of death	
Has the patient been hospitalized?	YesNoUnknown
Has the patient been discharged from the hospital?	YesNoUnknown
Length of hospital stay (days)	
Did patient require invasive ventilation?	YesNoUnknown
Did patient require non-invasive ventilation?	YesNoUnknown
Did patient require admission to an intensive care unit?	○ Yes○ No○ Unknown