**1. Patient personal details**

Country:

City:

Hospital:

Doctor:

Blood sample code:

Date of blood sampling:

**Insurance number:…………………………..**

**Name:**…………………………………………

**Date of birth:**…………………………………….

**Contact number:………………………………..**

**Gender:** Female / Male

**Ethnicity/Race:** White / Black / Indian / Asian / Other: …….

**Date of questioning**: ………………………………(year/month/day)

**Is or was the patient included in a different study?** yes / no

 if yes: specify:……………….

**2. Risk factors**

**Alcohol consumption**: yes / no

if yes: frequency: occasionally/monthly/weekly/daily

amount (g/day):…………………………………

since when? (years):………………………….

 Alcohol consumption in the last 2 weeks: …………………..

if not:

Did you drink alcohol earlier? yes / no

if yes: frequency: occasionally/monthly/weekly/daily

amount (g/occasion):…………………………………

For how many years?………………………………………

How long ago did you stop drinking alcohol?..........................

*Guide for estimation of the amount:*

*1 dl beer (4.5 vol. %) = ~3.5 g alcohol*

 *1 dl wine (12.5 vol. %) = ~10 g alcohol*

 *1 dl hard drink (50 vol. %) = ~40 g alcohol*

**Smoking**: yes / no

if yes: amount (cigarettes/day):…………………

For how many years? …………………………

if not:

Did you smoke earlier? yes / no

if yes: amount (pcs/occasion):…………………………………

For how many years?………………………………………

How long ago did you stop smoking? ……………………………….

**Coffee consumption:** yes / no

 if yes: amount:………..dose/day

**Drug abuse**: yes / no *Prescribed medication should not be included here.*

if yes: type of drug:……………………………………. amount:………………………………………….

for how many years:……………………………

**Hepatitis A infection on history:** yes / no

 if yes: date:………………

**Hepatitis B infection:** yes / no

 if yes: date of diagnosis:…………….

 treatment: yes /no

 if yes: name of medication:……………

 start of treatment:………………

 end of treatment:……………….

**Hepatitis C infection:** yes / no

 if yes: date of diagnosis:…………….

 treatment: yes /no

 if yes: name of medication:……………

 start of treatment:………………

 end of treatment:……………….

 treatment result: SVR / non-responder

**Measles:** yes / no

 if yes: when:…………….

**Celiac disease**: yes / no

 if yes: since when:………….

**Rheumatoid arthritis**: yes / no

 if yes: since when:………….

**Thyroid disease**: yes / no

 if yes: hypothyroidism / hyperthyroidism / other:……….

 since when:………….

**SLE** (Systemic lupus erythematosus): yes / no

 if yes: since when:…………

**Sjögren syndrome**: yes / no

 if yes: since when:………….

**Other autoimmun disease**: yes / no

 if yes: specify:………………………….

**Autoimmun liver disease in family history:** yes / no

if yes*(többször hozzáadható)*: specify: AIH / PBC / PSC / AIH+PBC / AIH+PSC / PBC+PSC / no data

relationship to patient\*:……………………………………

\* **relationship:** father / mother / sibling / child / paternal grandfather / paternal grandmother / maternal grandmother / maternal grandfather / paternal cousin / maternal cousin / father sibling (uncle, aunt) / mother sibling (uncle, aunt) / siblings child (nephew, niece) / grandchild / paternal grandfathers sibling / paternal grandmothers sibling / maternal grandfathers sibling / maternal grandmothers sibling / other blood relation / spouse (husband, wife, other not blood relation)

**Medications taken regularly:** yes / no

*Please specify the name of the active substance (e.g. “acetylsalicylic acid”). Please specify the amount using the International System of Units –SI (e.g. milligram, gram)*

if yes:

name of medication:………..……..

active substance:………………

dose: …………. (number only!)

unit: g / mg / IU

if fluid, concentration (e.g. 10%, 1g/2ml, etc.)……………………

how many times per day (e.g. 3): ………….

method of administration: intravenious / oral / enteral / subcutan

other notes: ………………………………………

**3. Diagnosis**

**Diagnosis:** AIH / PBC / PSC / AIH+PBC overlap / AIH+PSC overlap / PBC+PSC overlap

if PSC: Type of bile duct affection: Large-Duct PSC / Small-Duct PSC /Unclassified PSC

 Additional diagnosis of AIH: yes / no

*Based on clinical presentation including prominent elevation of transaminases and IgG, autoantibody profile and histology*

if PBC: Additional diagnosis of AIH: yes / no

*Based on clinical presentation including prominent elevation of transaminases and IgG, autoantibody profile and histology*

**Date of diagnosis:…………..**

**3. Status**

**Blood pressure:** ……..… / ……… Hgmm **Heart rate:** ……………………… /minute

**Body weight:**…..……………………… kg **Body height:** ……………… cm

**BMI:……***(automatikusan számolt)*

**4. Clinical symptoms**

**Abdominal pain:** yes / no

 if yes: since when (hours):….………………………………………..

 type: cramping / dull / sharp

intensity (1-10):……………………………………..

location: diffuse / localised

Please mark the location!

radiation:………………………………………………..

**Fatigue:** yes / no

**Arthralgia:** yes / no

**Weakness**: yes / no

**Nausea:** yes / no

**Appetite:** good / retained / bad

**Itchiness**: yes / no

**Change in body weight:** yes / no

 if yes: direction of change: increase / decrease

how long did it take? (weeks):………………………….

how much (kg):…………………………………………

**Other symptom:** yes / no

 if yes: specify:……………….

**5. Examinations**

**5.1 Laboratory:** yes / no

 if yes: date:…………..

|  |  |
| --- | --- |
| erythrocyte sedimentation rate (mm/h) |  |
| CRP (mg/l) |  |
| **Blood** |  |
| WBC count (G/l) |  |
| RBC count (T/l) |  |
| Hemoglobin (g/l) |  |
| Hematokrit (%) |  |
| MCV  |  |
| Platelet count (G/l) |  |
| **Ions** |  |
| Sodium (mmol/l) |  |
| Potassium (mmol/l) |  |
| Calcium (mmol/l) |  |
| Magnesium (mmol/l) |  |
| Phosphate (mmol/l) |  |
| Chloride (mmol/l) |  |
| Iron (umol/l) |  |
| **Pancreas** |  |
| Glucose (mmol/l) |  |
| Alfa amilase (U/l) |  |
| Lipase (U/l) |  |
| **Renal functions** |  |
| Urea nitrogen (Karbamid) (mmol/l) |  |
| Creatinine (umol/l) |  |
| eGFR |  |
| **Liver functions** |  |
| Total bilirubin (umol/l) |  |
| Direct/conjugated bilirubin (umol/l) |  |
| Indirect bilirubin (umol/l) |  |
| ASAT/GOT (U/l) |  |
| ALAT/GPT (U/l) |  |
| Gamma GT (U/l) |  |
| Alkaline phosphatase (U/l) |  |
| Laktate dehydrogenase LDH (U/l) |  |
| Protrombin (%) |  |
| Protrombin INR |  |
| **Metabolism** |  |
| Cholesterol (mmol/l) |  |
| Triglicerides (mmol/l) |  |
| Uric acid (umol/l) |  |
| TSH (mU/l)l |  |
| HgbA1C (%) |  |
| **Proteins** |  |
| Total protein (g/l) |  |
| Albumin (g/l) |  |
| Globulin alfa1 (g/l) |  |
| Globulin alfa2 (g/l) |  |
| Globulin beta (g/l) |  |
| Globulin gamma (g/l) |  |
| Fibrinogen (g/l) |  |
| Blood gases |  |
| PaO2 (Hgmm) |  |
| HCO3 (mmol/l) |  |
| sO2 (%) |  |
| Tumormarkers |  |
| CEA (ug/l) |  |
| CA 19-9 (U/ml) |  |
| AFP (ng/ml) |  |
| Antibodies |  |
| IgA (g/l) |  |
| IgM (g/l) |  |
| IgG (g/l) |  |
| IgG4 (g/l) |  |
| yGlobulins (%) |  |
| Other |  |
|  |  |

**Autoantibodies**

**ANA (IFT):** yes / no

if yes:

|  |  |
| --- | --- |
| ANA (IFT) Titre |  |
| ANA (ELISA) (units/L) |  |

**AMA (IFT):** yes / no

 if yes:

|  |  |
| --- | --- |
| AMA (IFT) Titre |  |
| AMA (ELISA) (units/L) |  |

**SMA (IFT):** yes / no

 if yes:

|  |  |
| --- | --- |
| SMA (IFT) Titre |  |
| SMA (ELISA) (units/L) |  |

**LKM (IFT):** yes / no

 if yes:

|  |  |
| --- | --- |
| LKM (IFT) Titre |  |
| LKM (ELISA) (units/L) |  |

**SLA/LP (ELISA):** yes / no

 if yes:

|  |  |
| --- | --- |
| SLA/LP (units/L) |  |

**PBC specific ANA of IFT**: yes / no *(csak akkor ha a diagnózis PBC)*

 if yes: IFT pattern (rim dots or nuclear dots):

 gp210 (ELISA):…………..units/L

 SP100 (ELISA):…………..units/L

**Other antibodies**: yes / no

 if yes:specify:…………..

**Viral hepatitis**

HbsAg: positive / negative

Anti-HBc total antibody: positive / negative

Anti-HBs antibody:…………U/L

HBV DNS:………………….IU/ml

Hepatitis C total antibody: positive / negative

HCV RNS:………………….IU/ml

Anti-HAV-IgA antibody: positive / negative

Anti-HAV-IgM antibody: positive / negative

 CMV positive / negative

 EBV positive / negative

**5.2 Liver biopsy:** yes / no

 if yes: date:……………

 Stage of liver fibrosis (Desmet and Scheuer):

Stage of liver fibrosis (Ishak):

mHAI (Ishak):

Grading (Scheuer):

Nakanuma score:

*[a következő kérdések csak akkor jelenjenek meg, ha a diagnózis: AIH, AIH+PBC, AIH+PSC, PBC+PSC*

 **Emperipolesis:** yes / no

 **Interface hepatitis [periportal or portal]:** yes / no

**Lymphoplasmacytic infiltrate [with or without lobular - intra-acinar involvement]:** yes / no

**Rosette formation:** yes / no

**Biliary changes:** yes / no

**Other changes suggesting other disease:** yes / no

if yes specify:………………

**Briging necrosis (portal-portal or central-portal):** yes / no

**Granuloma:** yes / no

**Steatohepatitis:** yes / no

**Fibrosis Stage:** F0 / F1 / F2 / F3 / F4

*F0=No fibrosis*

*F1=Portal fibrosis without septa*

*F2=Portal fibrosis with few septa*

*F3=Portal fibrosis with numerous septa without cirrhosis*

*F4=Cirrhosis*

**Immunosuppression at biopsy for more than three days:** yes / no *]*

**5.3 Elastography:** yes / no

**if yes: date:………….**

 **type:** Fibroscan / Fibroscan CAP / ARFI / SSWI / other:……..

 **results**:……………kPa

 **steatosis**:…………..dB/ms

 **fibrosis stage:** 0 / 1 / 2 / 3 / 4

 **description:……………………..**

 **IQR:…………….**

**spleen size:** normal / enlarged

 **spleen size descriped**: …… x …….. cm

*[a következő (5.4 5.5 5.6) csak akkor jelenjenek meg, ha a diagnózis: PSC*

**5.4 Cholangiography** (MRCP ~~or ERCP~~): yes / no

**5.5 Colonoscopy**: yes / no

 if yes: **IBD present**: yes / no

**if yes: type**: Ulcerative Colitis / Crohn's Disease/ Unclassified Colitis/ Unknown

 **date of diagnosis**:………….

 **Is it in remission**?: yes / no / unknown

 **Biopsy**: yes / no

**if yes: histology**: Negative for dysplasia/ Indefinite for dysplasia/ Low grade dysplasia/ High grade dysplasia/ Intramucosal adenocarcinoma/ Invasive adenocarcinoma

**5.6 ERCP or PTCD:** yes / no

 if yes: biliary dilation: yes / no

 brushing/biopsy: yes / no

 cholangioscopy: yes / no *]*

**6. Therapy**

**Prednisolone/Prednisone**: yes / no

if yes:

Starting dose: mg/d

**Budesonide**: yes / no

if yes:

Starting dose: mg/d

**Azathioprine**: yes / no

if yes:

Target dose:……..mg/d

*Give dose you aim at within next month.*

**UDCA**: yes / no

if yes:

dose:………..

unit: mg/d / mg/kg

**Other immunosuppression**: yes / no

If yes:

*[csak akkor jelenjen meg, ha a diagnózis AIH]*

**6-Mercaptopurine**: yes / no

if yes:

Target dose:……..mg/d

*Give dose you aim at within next month.*

**MMF**: yes / no

if yes:

dose:……..mg/d

*Give dose you aim at within next month.*

**Tacrolimus**: yes / no

**Cyclosporin A**: yes / no

**Rituximab**: yes / no

**Everolimus**: yes / no *]*

*[csak akkor jelenjen meg, ha a diagnózis AIH/PSC*

**Infliximab**: yes / no *]*

*[csak akkor jelenjen meg, ha a diagnózis PSC*

**Adalimumab**: yes / no

**Vedolizumab**: yes / no

**Ustekinumab**: yes / no *]*

*[csak akkor jelenjen meg, ha a diagnózis PBC*

**Obeticholic acid** (OCA): yes / no

if yes:dose:……mg

**Fenofibrate**: yes / no

**Bezafibrate**: yes / no *]*

**Hepatotoxic drugs:** yes / no

 if yes: specify:………………….

*https://livertox.nih.gov/*

**7. Complications, adverse events…**

**Liver-related complications:** yes / no

 if yes:

Liver imaging consistent with cirrhosis: yes / no

Cirrhosis on histology yes / no

Ascites yes / no

Esophageal or gastric varices yes / no

Varices with bleeding yes / no

Encephalopathy yes / no

Hepatorenal syndrome yes / no

*[csak akkor mutasd, ha a diagnózis PBC/PSC*

Cholangitis yes / no

*Clinical diagnosis requires antibiotic use*. *]*

**Non-liver related complications:** yes / no

 if yes:

Bone mineral density (DEXA): yes / no

if yes:

Lowest T-Score (right or left femur):

Lowest T-Score (lumber spine):

Result: No difference/ Osteopenia/ Osteoporosis

Bone fractures: yes / no

if yes:

Date:…………

Site:………….

**8. Epicrisis, outcome**

**Next scheduled control visit**:……………….(year/month/day)

**Comment:**………………………………………………………..

**File upload**