Screening Linkage

SnapChole patient record ID

_____
(Study code only. No medical-record number or other patient identifier.)

Immutable SnapChole centre ID

_____
(Coordinator-issued code matching the approved centre registry; never match on hospital name.)

Patient-level transfer to the coordinating project permitted under applicable local approval?

◯ Yes
◯ No
◯ Unknown / not documented

Age at presentation (years)

_____
(Ages above locally permitted disclosure limits must be handled under the approved transfer specification.)

TG18 acute calculous cholecystitis diagnosis confirmed?

◯ Yes
◯ No
◯ Unknown / not documented

TG18 severity before initial decision

◯ Grade I
◯ Grade II
◯ Grade III
◯ Cannot establish

Protocol exclusion present

◯ None
◯ Acalculous disease
◯ Isolated choledocholithiasis/cholangitis without cholecystitis
◯ Primary gallstone pancreatitis
◯ Elective chronic biliary symptoms
◯ Other protocol exclusion
◯ Unknown

Presentation within the centre’s approved 90-day recruitment window?

◯ Yes
◯ No
◯ Unknown / not documented

Screening disposition

◯ Included in platform cohort
◯ Eligible but not included
◯ Ineligible
◯ Pending

Reason eligible patient was not included

_____
(Local screening use; do not enter identifiers.)

Instrument specification version

_____

Baseline Clinical

Record baseline findings available at or before the first management decision. Do not substitute later worst values. No additional tests are required by the study.

Recorded sex

◯ Female
◯ Male
◯ Other / indeterminate
◯ Not recorded

Symptom duration before initial decision (hours)

_____

Frailty instrument used

_____
(Proposed: Clinical Frailty Scale where appropriate; confirm tool and eligibility before activation.)

Baseline frailty score

_____
(Pre-illness state; use the specified instrument and document its name; no invented score.)

Charlson Comorbidity Index

_____
(Proposed measure; confirm age-adjusted versus unadjusted version in SAP.)

Documented ASA physical status at baseline

◯ I
◯ II
◯ III
◯ IV
◯ V
◯ Not documented
(Do not infer retrospectively from subsequent surgery.)

Cardiovascular disease at baseline?

◯ Yes
◯ No
◯ Unknown / not documented

Chronic pulmonary disease at baseline?

◯ Yes
◯ No
◯ Unknown / not documented

Chronic kidney disease at baseline?

◯ Yes
◯ No
◯ Unknown / not documented

Chronic liver disease at baseline?

◯ Yes
◯ No
◯ Unknown / not documented

Diabetes at baseline?

◯ Yes
◯ No
◯ Unknown / not documented

Active malignancy at baseline?

◯ Yes
◯ No
◯ Unknown / not documented

Immunosuppression at baseline?

◯ Yes
◯ No
◯ Unknown / not documented

Therapeutic anticoagulation at baseline?

◯ Yes
◯ No
◯ Unknown / not documented

Heart rate (beats/min)

_____

(Latest available predecision value; leave blank when not measured. Convert units locally before entry; proposed plausibility bounds require pilot review.)

Systolic blood pressure (mmHg)

_____

(Latest available predecision value; leave blank when not measured. Convert units locally before entry; proposed plausibility bounds require pilot review.)

Respiratory rate (breaths/min)

_____

(Latest available predecision value; leave blank when not measured. Convert units locally before entry; proposed plausibility bounds require pilot review.)

Temperature (C)

_____

(Latest available predecision value; leave blank when not measured. Convert units locally before entry; proposed plausibility bounds require pilot review.)

Glasgow Coma Scale

_____

(Latest available predecision value; leave blank when not measured. Convert units locally before entry; proposed plausibility bounds require pilot review.)

Lactate (mmol/L)

_____

(Latest available predecision value; leave blank when not measured. Convert units locally before entry; proposed plausibility bounds require pilot review.)

White-cell count (10^9/L)

_____

(Latest available predecision value; leave blank when not measured. Convert units locally before entry; proposed plausibility bounds require pilot review.)

CRP (mg/L)

_____
(Latest available predecision value; leave blank when not measured. Convert units locally before entry; proposed plausibility bounds require pilot review.)

Creatinine (micromol/L)

_____
(Latest available predecision value; leave blank when not measured. Convert units locally before entry; proposed plausibility bounds require pilot review.)

Total bilirubin (micromol/L)

_____
(Latest available predecision value; leave blank when not measured. Convert units locally before entry; proposed plausibility bounds require pilot review.)

Platelet count (10^9/L)

_____
(Latest available predecision value; leave blank when not measured. Convert units locally before entry; proposed plausibility bounds require pilot review.)

INR

_____
(Latest available predecision value; leave blank when not measured. Convert units locally before entry; proposed plausibility bounds require pilot review.)

PaO2/FiO2 ratio (mmHg)

_____
(Latest available predecision value; leave blank when not measured. Convert units locally before entry; proposed plausibility bounds require pilot review.)

TG18 local inflammatory signs present?

◯ Yes
◯ No
◯ Unknown / not documented
(Apply TG18 definitions in the approved study guidance; do not derive solely from treatment received.)

TG18 systemic inflammatory signs present?

◯ Yes
◯ No
◯ Unknown / not documented
(Apply TG18 definitions in the approved study guidance; do not derive solely from treatment received.)

Characteristic acute cholecystitis imaging present?	◯ Yes ◯ No ◯ Unknown / not documented (Apply TG18 definitions in the approved study guidance; do not derive solely from treatment received.)
Gallstones documented?	◯ Yes ◯ No ◯ Unknown / not documented (Apply TG18 definitions in the approved study guidance; do not derive solely from treatment received.)
Palpable tender right-upper-quadrant mass?	◯ Yes ◯ No ◯ Unknown / not documented (Apply TG18 definitions in the approved study guidance; do not derive solely from treatment received.)
TG18 marked local inflammation?	◯ Yes ◯ No ◯ Unknown / not documented (Apply TG18 definitions in the approved study guidance; do not derive solely from treatment received.)
TG18 cardiovascular dysfunction?	◯ Yes ◯ No ◯ Unknown / not documented (Apply TG18 definitions in the approved study guidance; do not derive solely from treatment received.)
TG18 neurological dysfunction?	◯ Yes ◯ No ◯ Unknown / not documented (Apply TG18 definitions in the approved study guidance; do not derive solely from treatment received.)
TG18 respiratory dysfunction?	◯ Yes ◯ No ◯ Unknown / not documented (Apply TG18 definitions in the approved study guidance; do not derive solely from treatment received.)
TG18 renal dysfunction?	◯ Yes ◯ No ◯ Unknown / not documented (Apply TG18 definitions in the approved study guidance; do not derive solely from treatment received.)

TG18 hepatic dysfunction?	◯ Yes ◯ No ◯ Unknown / not documented (Apply TG18 definitions in the approved study guidance; do not derive solely from treatment received.)
TG18 haematological dysfunction?	◯ Yes ◯ No ◯ Unknown / not documented (Apply TG18 definitions in the approved study guidance; do not derive solely from treatment received.)
Predecision imaging performed	☐ Ultrasound ☐ CT ☐ MRI/MRCP ☐ HIDA ☐ Other ☐ Unknown
Gangrene suspected on baseline assessment?	◯ Yes ◯ No ◯ Unknown / not documented
Perforation suspected on baseline assessment?	◯ Yes ◯ No ◯ Unknown / not documented
Pericholecystic or hepatic abscess on baseline assessment?	◯ Yes ◯ No ◯ Unknown / not documented
Emphysematous cholecystitis on baseline assessment?	◯ Yes ◯ No ◯ Unknown / not documented
Biliary peritonitis on baseline assessment?	◯ Yes ◯ No ◯ Unknown / not documented
Timing of baseline physiological assessment	_____ (Hours relative to first documented management decision (time zero); negative values allowed for earlier events. Leave blank if unknown.)

Initial Decision

First management decision time established reliably?	◯ Yes ◯ No ◯ Unknown / not documented
Initial selected strategy established reliably?	◯ Yes ◯ No ◯ Unknown / not documented
Evidence for decision time	◯ Contemporaneous clinical record ◯ Prospective decision form verified against record ◯ Other verifiable source ◯ Unreliable / unknown
When were strategy feasibility/availability assessments documented?	◯ Prospectively before initial selection ◯ At initial decision ◯ Retrospectively after initial selection ◯ Unknown
Local hour of decision (0–23)	_____
Weekend presentation under prespecified local definition?	◯ Yes ◯ No ◯ Unknown / not documented
Treating-team perceived operability before selection	◯ Operable ◯ High risk but operable ◯ Not currently operable ◯ Uncertain / not recorded
Cholecystectomy: clinically feasible for this patient before selection?	◯ Yes ◯ No ◯ Unknown / not documented
Cholecystectomy: personnel, equipment and services available to initiate within 24 hours?	◯ Yes ◯ No ◯ Unknown / not documented (Patient-specific decision-time availability; do not auto-fill from centre capability.)
Cholecystectomy: reason for infeasibility/unavailability	_____ (Record clinical and service constraints separately in the narrative; no identifiers.)
Percutaneous cholecystostomy: clinically feasible for this patient before selection?	◯ Yes ◯ No ◯ Unknown / not documented
Percutaneous cholecystostomy: personnel, equipment and services available to initiate within 24 hours?	◯ Yes ◯ No ◯ Unknown / not documented (Patient-specific decision-time availability; do not auto-fill from centre capability.)

Percutaneous cholecystostomy: reason for infeasibility/unavailability	_____ (Record clinical and service constraints separately in the narrative; no identifiers.)
Antimicrobial-only management: clinically feasible for this patient before selection?	◯ Yes ◯ No ◯ Unknown / not documented
Antimicrobial-only management: personnel, equipment and services available to initiate within 24 hours?	◯ Yes ◯ No ◯ Unknown / not documented (Patient-specific decision-time availability; do not auto-fill from centre capability.)
Antimicrobial-only management: reason for infeasibility/unavailability	_____ (Record clinical and service constraints separately in the narrative; no identifiers.)
First documented selected management strategy	◯ Cholecystectomy-first ◯ Percutaneous cholecystostomy-first ◯ Antimicrobial-only (explicit decision without procedural source control) ◯ Endoscopic gallbladder drainage-first ◯ Other ◯ Cannot establish (Retain this classification after crossover/rescue; antibiotics already started do not define time zero.)
Documented reasons for initial strategy	☐ Physiology / organ dysfunction ☐ Frailty / comorbidity ☐ Technical suitability ☐ Patient preference ☐ Resource availability ☐ Clinician judgment ☐ Other ☐ Not documented
Antibiotics already underway at decision time?	◯ Yes ◯ No ◯ Unknown / not documented
First antibiotic administration time	_____ (Hours relative to first documented management decision (time zero); negative values allowed for earlier events. Leave blank if unknown.)
Initial antimicrobial regimen	_____ (Drug names only; no patient identifiers.)

Three-strategy eligibility reviewed by coordinating team?	◯ Yes ◯ No ◯ Unknown / not documented (Eligibility is adjudicated from baseline evidence; not an automatic treatment recommendation.)
Adjudicated primary emulation eligibility	◯ Eligible ◯ Ineligible ◯ Pending / insufficient evidence
Adjudication reason	_____

Clinical Course

Repeat this instrument for every relevant clinical change, procedure initiation/completion, strategy transition, and source-control event through day 90. Keep all events, including during the first 48 hours.

Event time relative to decision

_____
(Hours relative to first documented management decision (time zero); negative values allowed for earlier events. Leave blank if unknown.)

Event type

◯ Procedure
◯ Strategy transition
◯ Clinical deterioration/improvement
◯ Source-control failure
◯ Source control achieved
◯ Other

Procedure type

◯ Cholecystectomy
◯ Percutaneous cholecystostomy
◯ EUS-guided gallbladder drainage
◯ Transpapillary gallbladder drainage
◯ ERCP for ductal obstruction
◯ Other

Procedure initiation time

_____
(Hours relative to first documented management decision (time zero); negative values allowed for earlier events. Leave blank if unknown.)

Procedure completion time

_____
(Hours relative to first documented management decision (time zero); negative values allowed for earlier events. Leave blank if unknown.)

Technical procedural success?

◯ Yes
◯ No
◯ Unknown / not documented

Procedure intent

◯ Initial selected strategy
◯ Unplanned rescue/escalation
◯ Planned interval treatment
◯ Other
◯ Unknown

Initial operative approach

◯ Laparoscopic
◯ Robotic
◯ Open

Conversion to open?

◯ Yes
◯ No
◯ Unknown / not documented

Cholecystectomy extent

◯ Total
◯ Subtotal
◯ Aborted / no cholecystectomy
◯ Unknown

Percutaneous access route	◯ Transhepatic ◯ Transperitoneal ◯ Unknown
Strategy after transition	◯ Cholecystectomy ◯ Percutaneous drainage ◯ Antimicrobial-only ◯ Endoscopic drainage ◯ Other
Clinical reason for change/delay/escalation	_____ (Include delays or alternative intervention before selected treatment; no identifiers.)
New/worsening organ dysfunction at event?	◯ Yes ◯ No ◯ Unknown / not documented
Vasopressors required at event?	◯ Yes ◯ No ◯ Unknown / not documented
Invasive ventilation required at event?	◯ Yes ◯ No ◯ Unknown / not documented
ICU care required at event?	◯ Yes ◯ No ◯ Unknown / not documented
Clinical event details	_____ (For source-control failure document persistent/recurrent infection and unplanned escalation. Planned interval surgery alone is not failure.)

Hospital Episodes

Repeat for every hospital episode overlapping the observation period, including index admission, transfers, and all-cause readmissions. Capture exact relative hours locally; merge overlaps before deriving hospital time.

Episode type	◯ Index admission ◯ Transfer continuation ◯ Readmission
Hospital admission time	_____ (Hours relative to first documented management decision (time zero); negative values allowed for earlier events. Leave blank if unknown.)
Hospital discharge/death time	_____ (Hours relative to first documented management decision (time zero); negative values allowed for earlier events. Leave blank if unknown.)
Still hospitalized at day 90?	◯ Yes ◯ No ◯ Unknown / not documented
Admission reason	◯ Index cholecystitis ◯ Biliary readmission ◯ Other cause ◯ Unknown
Discharge destination	◯ Home ◯ Rehabilitation ◯ Other hospital ◯ Care facility ◯ Death ◯ Other ◯ Unknown
ICU duration during this episode (hours)	_____

Followup 90

Vital status at day 90 from initial decision
- ◯ Alive
- ◯ Died within 90 days
- ◯ Unknown

Time of death

_____
(Hours relative to first documented management decision (time zero); negative values allowed for earlier events. Leave blank if unknown.)

Last day with known survival status

_____

All-cause hospitalization history fully ascertained through day 90?
- ◯ Yes
- ◯ No
- ◯ Unknown / not documented

Outcome ascertainment source
- ◯ Routine records across relevant providers
- ◯ Routine follow-up contact
- ◯ Registry
- ◯ Multiple routine sources
- ◯ Unknown

Reason for incomplete follow-up

_____

Persistent/recurrent infection requiring unplanned escalation within 90 days?
- ◯ Yes
- ◯ No
- ◯ Unknown / not documented

Unplanned biliary reintervention within 90 days?
- ◯ Yes
- ◯ No
- ◯ Unknown / not documented

Planned interval cholecystectomy within 90 days?
- ◯ Yes
- ◯ No
- ◯ Unknown / not documented

Bile duct injury documented within 90 days?
- ◯ Yes
- ◯ No
- ◯ Unknown / not documented

Any readmission within 90 days?
- ◯ Yes
- ◯ No
- ◯ Unknown / not documented

Adjudicated total hospital days in [0,90)

_____
(Derived offline from complete, nonoverlapping episodes using SAP convention; not a sum of episode lengths.)

Adjudicated DAOH90	_____ (Death within 90 days => 0. Alive with complete hospitalization ascertainment => 90 minus hospital days. Otherwise missing. Day-counting convention requires SAP approval.)
Outcome derivation/SAP version	_____

Center Enrichment

Coordinator-managed centre snapshot. No PI names, emails, signatures, or declarations are copied. These fields do not replace patient-specific availability.

Hospital / Center Name	_____
City	_____
Country	_____
Hospital Type	◯ University / Academic Hospital ◯ Public General Hospital ◯ Private Hospital ◯ Cancer Center ◯ Mixed / Other
Teaching hospital with surgical trainees/residents?	◯ Yes ◯ No
Which service primarily manages acute cholecystitis at your institution?	◯ Dedicated Emergency General Surgery Service ◯ Hepatobiliary Surgery Service ◯ Elective General Surgery On-Call Rota ◯ Acute Care Surgery Service ◯ Mixed / Shared Model ◯ Other
Diagnostic CT available 24/7?	◯ Yes ◯ No
Emergency operating room/theatre access available 24/7?	◯ Yes ◯ No
Hepatobiliary surgeon available on-call 24/7? (unresolved source value)	_____ (Raw source code retained pending correction of malformed choices; do not interpret as a valid category.)
ERCP available for emergency bile duct decompression?	◯ Yes ◯ No
Intensive care unit available on-site?	◯ Yes ◯ No
Interventional radiology available? (unresolved source value)	_____ (Raw source code retained pending correction of malformed choices; do not interpret as a valid category.)
Is PROMs collection feasible within routine clinical workflows?	◯ Not feasible ◯ Limited feasibility ◯ Feasible in selected patients ◯ Routinely feasible

Centre-enrolment source record ID	_____
Snapshot generated (UTC ISO 8601)	_____
SHA-256 of selected source values	_____
Centre export/activation version	_____
Centre link status	◯ Matched and snapshot populated ◯ Matched with missing source values