



Follow-Up 12-Week Evaluation (Adult)

Patient ID ___ - ___ ID ___ - ___

Date of Evaluation: **DOEDATE**

SECTION I: TESTS

1. ALT: ___ **ALT** ___ IU/L Not done Date (mm/dd/yy): **ALTM/ ALTD/ ALTY** Normal range: **ALTL - ALTU**
2. HBV DNA level: ___ **BDNA** ___ Not done Date (mm/dd/yy): **BDNAM / BDNAD / BDNAY**
Method/Unit: **BUNIT** 1 IU/mL 2 copies/mL Lower limit of detection: ___ **BDNALL** ___

SECTION II: BIOSPECIMENS

1. Indicate the status of consent for each:
- a. Serum/plasma for research/storage 1 Obtained 2 Refused 3 Not attempted at this visit **CSERP**
 - b. Liver tissue for research/storage 1 Obtained 2 Refused 3 Not attempted at this visit **CLIV**
 - c. Genetic sample 1 Obtained 2 Refused 3 Not attempted at this visit **CGEN**
 - d. Immunology study 1 Obtained 2 Refused 3 Not attempted at this visit **CIMM**
2. Samples obtained at this visit (*check all that apply*):
- | | | | | |
|---|-----------------------------------|---|--|-------------------------------|
| <input type="checkbox"/> NIDDK repository
(serum/plasma) | <input type="checkbox"/> Genetics | <input type="checkbox"/> Immunology study | <input type="checkbox"/> Central testing lab | <input type="checkbox"/> None |
| NIDDKR | GEN | IMM | CLAB | NONE |

Data collector initials: **DCID**

Date data collection completed (mm/dd/yy): **DCM/DCD/DCY**