



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 <input type="checkbox"/> Obtained | 2 <input type="checkbox"/> Refused | 3 <input type="checkbox"/> Not attempted at this visit | CSERP |
| b. Liver tissue for research/storage | 1 <input type="checkbox"/> Obtained | 2 <input type="checkbox"/> Refused | 3 <input type="checkbox"/> Not attempted at this visit | CLIV |
| c. Genetic sample | 1 <input type="checkbox"/> Obtained | 2 <input type="checkbox"/> Refused | 3 <input type="checkbox"/> Not attempted at this visit | CGEN |
| d. Immunology study | 1 <input type="checkbox"/> Obtained | 2 <input type="checkbox"/> Refused | 3 <input type="checkbox"/> 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**