

HALT-C Trial

Serum YKL-40 – Serum Fibrosis Markers AS

Form #103 Version A: 12/05/2003

SECTION A: GENERAL INFORMATION

- A1. Affix ID Label Here →
- A2. Patient initials: ____ _
- A3. Visit Number: _____
- A4. Date Form Completed: MM / DD / YYYY ____ / ____ / _____
- A5. Initials of person completing form: ____ _

SECTION B: RESULTS OF SERUM FIBROSIS MARKER YKL-40 TEST

- B1. Date testing performed: (MM / DD / YYYY) ____ / ____ / _____
- B2. Serum YKL-40 level: _____ . ____ ng/ml