

HALT-C Trial

HVPG Measurement—Portal Hypertension AS

Form # 111 Version A: 06/15/2000 (Rev. 12/09/2005)

SECTION A: GENERAL INFORMATION

- A1. Affix ID Label Here -> [ ]
A2. Patient initials:
A3. Visit number: M48
A4. Date Form completed: MM / DD / YYYY
A5. Initials of person completing Section A:

TO BE COMPLETED BY ANGIOGRAPHER

SECTION B: GENERAL INFORMATION

Please read instructions and definitions in the attached QxQ (question by question instruction sheet).

B1. Date of HVPG: (MM / DD / YYYY) / /

B2. What type of conscious sedation was used?

- Midazolam (Versed).....1
Fentanyl.....2
Other .....99 Specify

B3. Were any medications used to prevent dye allergy? Yes.....1
No.....2 (SECTION C)

a. What type of medication was used? Steroids.....1
Benadryl.....2
Other .....99 Specify:

SECTION C: STANDARDIZATION

C1. Was the zero point set? Yes.....1
No.....2

C2. Was the calibration performed and recorded? Yes.....1
No.....2

C3. Was the tracing of the recording obtained? Yes.....1
No.....2

**SECTION D: MEASUREMENTS**

	a.	b.	c.
	<u>Measure 1</u>	<u>Measure 2</u>	<u>Measure 3</u>
D1. Inferior Vena Cava (IVC) Pressure:	___ mm/hg	___ mm/hg	___ mm/hg
D2. Free Hepatic Venous Pressure (FHVP):	___ mm/hg	___ mm/hg	___ mm/hg
D3. Wedge Hepatic Venous Pressure (WHVP):	___ mm/hg	___ mm/hg	___ mm/hg

**SECTION E: OTHER ABNORMALITIES**

E1. Were there any other abnormalities noted, or did any adverse events occur during the procedure?  
Yes ..... 1  
No.....2 (Section F)

If yes, please describe below:

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**SECTION F: SOURCE DOCUMENTATION**

Please specify and attach available type(s) of source documentation:

F1. Written Report: Yes ..... 1  
No ..... 2

F2. Recording: Yes ..... 1  
No..... 2 (END)

    a. Documentation of zero point: Yes..... 1  
    No..... 2

    b. Tracing of the calibration Yes ..... 1  
    No ..... 2