

HALT-C Trial
Glycosylated Hemoglobin - Steatosis AS

Form # 121 Version A: 06/15/2000

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

____ - ____ - ____

A2. Patient initials: __ __ __

A3. Visit number: S O O

A4. Visit date: (MM/DD/YYYY) ____ / ____ / _____

A5. Initials of person completing form: __ __ __

SECTION B: GLYCOSYLATED HEMOGLOBIN (HbA1c)

B1. Level of glycosylated hemoglobin: __ __ . __ %