

HALT-C Trial

Neutralizing Antibody Test Results – Immunology/Virology AS

Form # 171 Version A: 06/15/2000 (Rev. 05/23/2001)

SECTION A: GENERAL INFORMATION

- A1. Patient ID:
- A2. Visit number: \_\_\_\_\_
- A3. Date form completed: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_\_
- A4. Initials of person completing form: \_\_\_\_\_

SECTION B: BSI ID

B1. Enter the BSI ID (2 letters + 6 numbers) D \_\_\_\_\_

SECTION C: ASSAY STATUS

C1. Was it possible to perform the neutralizing antibody assay?

- Yes.....1
- No.....2 (END)

SECTION D: NEUTRALIZING ANTIBODY TITER (reciprocal serum dilution)

D1. Date test performed (E1) \_\_\_\_/\_\_\_\_/\_\_\_\_\_

D2. Was the titer of E1 at or above set detectable limits [1:20]?

- Yes.....1
- No.....2 (D4)

D3. Titer of E1 : \_\_\_\_\_

D4. Date test performed (E2) \_\_\_\_/\_\_\_\_/\_\_\_\_\_

D5. Was the titer of E2 at or above set detectable limits [1:20]?

- Yes.....1
- No.....2 (Section E)

D6. Titer of E2 : \_\_\_\_\_

SECTION E: ADDITIONAL COMMENTS

Please note any comments or additional findings.

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