

HALT-C Trial

HCV Quasispecies: HTA – Immunology/Virology AS

Form #172 Version A: 06/15/2000

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 HCV quasispecies Heteroduplex Tracking Assay (HTA)?

Yes.....1 (D1)

No.....2

C2. What is the reason the assay could not be performed?

Quantity not sufficient.....1(END)

Very low viral titer.....2(END)

Other.....99

If other, then specify (END)

SECTION D: RESULTS OF HCV QUASISPECIES HTA TESTING

D1. Date of HCV Quasispecies HTA Testing: MM / DD / YYYY

D2. Heteroduplex Mobility Ratio (HMR) as per HTA:

SECTION E: ADDITIONAL COMMENTS

E1. Please note any comments or additional findings.

Horizontal lines for additional comments.