

HALT-C Trial

Lymphoproliferation – Immunology & Virology AS

Form #173 Version D: 02/12/2004

SECTION A: GENERAL INFORMATION

A1. Patient ID:

_____ - _____ - ____

A2. Patient initials: __ __ __

A3. Visit Number _____

A4. Date of Form Completed: MM / DD / YYYY ____ / ____ / _____

A5. Initials of person completing form: __ __ __

SECTION B: ASSAY LAB AND STATUS

B1. Was the assay attempted within one day of the blood draw?

Yes.....1 **(B2)**

No.....2

B1a. How many days after the blood draw was the assay attempted? ____

B2. Was it possible to perform the lymphoproliferation assay for this patient?

Yes.....1 **(B4)**

No.....2

B3. What is the reason why the assay could not be performed?

Cells contaminated.....1 **(END)**

Cells not viable.....2 **(END)**

Insufficient number of cells.....3 **(END)**

Other.....99

Specify _____ **(END)**

B4. Percent viability _____ %

B5. Total Cell Yield _____ X 10 E ____ cells

_____ - _____ - _____

SECTION C: ASSAY RESULTS

C1a. Date assay performed _____ / _____ / _____

C1b. Assay batch number _____

C2. Tetanus

Mean cpm Incorporated _____

C3. Candida

Mean cpm Incorporated _____

C4. PHA

Mean cpm Incorporated _____

C5. rhSOD

Mean cpm Incorporated _____

C6. Media

Mean cpm Incorporated _____

C7. SOD-c22-3 (core, HCV aa 2-120)

Mean cpm Incorporated _____

C8. SOD-c200 (NS3+NS4, HCV aa 1192-1931)

Mean cpm Incorporated _____

C9. SOD-c-33c (NS3, HCV aa 1192-1457)

Mean cpm Incorporated _____

C10. E. coli extract

Mean cpm Incorporated _____

C11. SOD-c100-3 (NS4, HCV aa 1569-1931)

Mean cpm Incorporated _____

C12. SOD-NS5 (HCV aa 2054-2995)

Mean cpm Incorporated _____

C13. SOD-c25 (NS3 + NS4, core, HCV aa1192-1935, 2-120)

Mean cpm Incorporated _____

SECTION D: ADDITIONAL COMMENTS

D1. Please note any comments or other findings.

