

HALT-C Trial

Replication - Immunology & Virology AS

Form # 174 Version A: 06/15/2000

SECTION A: GENERAL INFORMATION

- A1. Affix ID Label Here -> [ ]
A2. Patient initials:
A3. Visit number: (S00, M24, M48)
A4. Date form completed: / /
A5. Initials of person completing form: \_ \_ \_

SECTION B: BSI ID

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

SECTION C: IN SITU NEGATIVE-STRAND RNA DETECTION

- C1. Was it possible to perform in situ detection of HCV negative-strand RNAs? Yes... 1 (C2) No... 2 (C4)
C2. Date of HCV negative-strand assay / /
C3. Average IU negative-strand RNA per ml of liver tissue x 10 IU/mL
C4. What is the reason the assay could not be performed? Tissue too small for analysis... 1 (D1) Other... 99 Specify... (D1)

SECTION D: TOTAL HCV RNA IN LIVER TISSUE

- D1. Was it possible to measure the total HCV RNA in liver tissue by Roche Monitor? Yes... 1 (D2) No... 2 (D4)
D2. Date of total HCV RNA measured / /
D3. IU HCV RNA (positive & negative-strand) per ml of liver tissue x 10 IU/mL

Patient ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

D4. What is the reason the assay could not be performed?

Below the assay detection level.....1

Possible inhibitors present in the sample.....2

Other.....99

Specify\_\_\_\_\_

**SECTION E: ADDITIONAL COMMENTS**

E1. Please note any comments or additional findings.

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