

**HALT-C Trial**  
**Immunology/Virology AS Aliquot Form**  
 Form # 175 Version A: 06/15/2000 (Rev. 04/07/2003)

**SECTION A: GENERAL INFORMATION**

- A1. Affix ID Label Here → \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_
- A2. Patient initials: \_\_\_\_\_
- A3. Visit number: \_\_\_\_\_
- A4. Date form completed: MM / DD / YYYY    \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- A5. Initials of person completing form: \_\_\_\_\_

**Notes:** Each Accession # is composed of 2 parts: Sample ID + Sequence #  
 Complete Section D only at S00, M24, M48

**SECTION B: SAMPLE ID**

B1. Enter the sample ID (2 letters + 6 numbers) **from the set of labels to be used for this patient at this study visit:**

Sample ID: D \_\_\_\_\_ (Visit S00 → D1)

B2. Date of blood draw: (MM/DD/YYYY)    \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**SECTION C: SPECIMEN INFORMATION (COMPLETE AT W00 or R00, W24, M12, M24, M36, M48, M54)**

C1. Were there any problems after specimen collection, such as a delay in processing or hemolysis?

Yes ..... 1 (complete a, b, c + d for each tube collected/aliquotted)

No ..... 2 (complete a + b only for each tube collected/aliquotted)

C2. Serum in aliquot tubes, to be shipped frozen:

Sequence #	Purpose	Expected Volume	Study Visit	a. Aliquotted?		b. Volume (ml)	c. Code	d. Date Processed
				Yes	No <small>(skip to next item)</small>			
301	Immunology-NA	(1.0 ml)	W00,R00, W24,M12, M24,M36,M48	1	2	____ . ____ specify _____	____ specify _____	____ / ____ / ____
302	Virology-QUASI	(1.0 ml)	W00, R00, W24,M12, M24,M36,M48, M54	1	2	____ . ____ specify _____	____ specify _____	____ / ____ / ____
303	Virology-QUASI	(1.0 ml)	W00, R00, W24,M12, M24,M36,M48, M54	1	2	____ . ____ specify _____	____ specify _____	____ / ____ / ____

**(Visits W00, R00, W24, M12, M36 → END OF FORM)**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**SECTION D: LIVER TISSUE (COMPLETE ONLY AT S00, M24, M48)**

D1. Date of biopsy: (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

D2. Were there any problems after specimen collection, such as a delay in processing?

Yes ..... 1 (complete a, b, c + d)

No ..... 2 (complete a + b only)

D3. Liver tissue, in OCT – to be shipped frozen:

Sequence #	Purpose	Expected Size	Study Visit	a. Collected?		b. Length (cm)	c. Code	d. Date Processed
				Yes	No (skip to next item)			
320	Liver - Virology Replication (2.5 cm)		S00, M24, M48	1	2	____ . ____	____ specify ____	____ / ____ / ____

**Codes for specimen processing**

1. okay
2. hemolysis
3. delay in processing-processed within 4-6 hours of collection
4. delay in processing-processed within 6-8 hours of collection
5. delay in processing-processed within 8-12 hours of collection
6. delay in processing-processed within 12-18 hours of collection
7. delay in processing-processed within 18-24 hours of collection
8. delay in processing-processed within 24-48 hours of collection
9. delay in processing-processed 48+ hours after collection
10. delay in shipping
11. collected in incorrect tube-plasma collected instead of serum
12. delay in snap freezing liver tissue
13. Vacutainer tube stored in refrigerator
99. Other-please specify