

HALT-C Trial
Immunology/ Virology AS Withdrawal Form
Form # 176 Version B: 01/30/2003

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here → _____ - _____ - ____

A2. Patient initials: __ __ __

A3. Form completion date: MM/DD/YYYY __ __ / __ __ / _____

A4. Initials of person completing form: __ __ __

SECTION B: WITHDRAWAL INFORMATION

B1. The patient is withdrawing from all of the Immunology/ Virology studies:

Yes1

No2 (B4)

B2. Date of withdrawal from all I / V studies: (MM/DD/YYYY) __ __ / __ __ / _____

B3. Primary reason for withdrawing from the Immunology/Virology Study: (CIRCLE ONE REASON.)

Insufficient sample collection1 (B14)

Patient withdrew consent for this study2 (B14)

Other99

If other, then specify: _____ (B14)

B4. The patient is withdrawing from the Cytotoxic T Lymphocyte Study:

Yes1

No2 (B6)

B4a. Date of withdrawal from the Cytotoxic T Lymphocyte Study: __ __ / __ __ / _____

B5. Primary reason for withdrawing from the Cytotoxic T Lymphocyte Study: (CIRCLE ONE REASON.)

Insufficient sample collection at S00.....1

Other99

If other, then specify: _____

_____ - _____ - ____

B6. The patient is withdrawing from the Replication Study:

Yes1

No2 (B8)

B6.a Date of withdrawal from the Replication Study: ____ / ____ / _____

B7. Primary reason for withdrawing from the Replication Study: (CIRCLE ONE REASON.)

Insufficient sample collection at S00.....1

Other99

If other, then specify: _____

B8. The patient is withdrawing from the Neutralizing Antibody Study:

Yes1

No2 (B10)

B8a. Date of withdrawal from the Neutralizing Antibody Study: ____ / ____ / _____

B9. Primary reason for withdrawing from the Neutralizing Antibody Study: (CIRCLE ONE REASON.)

Insufficient sample collection at W00.....1

Other99

If other, then specify: _____

B10. The patient is withdrawing from the Quasispecies Study:

Yes1

No2 (B12)

B10a. Date of withdrawal from the Quasispecies Study: ____ / ____ / _____

B11. Primary reason for withdrawing from the Quasispecies Study: (CIRCLE ONE REASON.)

Insufficient sample collection at W001

Other99

If other, then specify: _____

____ - ____ - ____

B12. The patient is withdrawing from the Lymphoproliferation Study:

Yes1

No2 (B14)

B12a. Date of withdrawal from the Lymphoproliferation Study: ____ / ____ / ____

B13. Primary reason for withdrawing from the Lymphoproliferation Study: (CIRCLE ONE REASON.)

Insufficient sample collection at W00.....1

Other99

If other, then specify: _____

B14. Additional Comments:
