

HALT-C Trial

**Hepatic Iron Concentration - Iron & HFE Gene Mutation AS**

Form # 182    Version B: 01/30/2003

**SECTION A: GENERAL INFORMATION**

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

**SECTION B: HEPATIC IRON CONCENTRATION**

B0. Date of this liver biopsy: \_\_\_ / \_\_\_ / \_\_\_\_\_

B1. Was it possible to determine hepatic iron concentration from this sample?

Yes ..... 1 (B2)

No ..... 2 (B1a)

B1a. Reason that HIC could not be determined:

Sample not sufficient.....1 (END OF FORM)

Sample lost.....2 (END OF FORM)

Technician error.....3 (END OF FORM)

Instrument error.....4 (END OF FORM)

Specimen not collected.....5 (END OF FORM)

Other.....99

Specify \_\_\_\_\_ (END OF FORM)

B2. Date of HIC assay: (MM/DD/YYYY) \_\_\_ / \_\_\_ / \_\_\_\_\_

B3. Liver weight (dry): \_\_\_\_\_ mg

B4. Hepatic iron: (mcg iron/gram dry tissue) \_\_\_\_\_