

HALT-C Trial
Iron + HFE AS Aliquot Form
 Form # 184 Version A: 06/15/2000

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: __ __ __

SECTION B: COLLECTION DATE

B1. Date of biopsy: (MM/DD/YYYY) __ __ / __ __ / _____

SECTION C: SPECIMEN INFORMATION

C1. Liver tissue, to be shipped room temp to UMASS:

Sequence #	Purpose	Expected Volume	Study Visit	a. Aliquotted?		b. Length (cm)
				Yes	No	
600	Iron + HFE AS	(0.5cm)	S00, M24, M48	1	2	____ . ____