

HALT-C Trial

Quantitative Liver Function Test Record – QLFT AS

Form # 190 Version B: 07/06/2001

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: PATIENT INFORMATION

B1. Patient weight: ____ ____ . ____ kg or ____ ____ lbs

B2. Patient height: ____ ____ cm or ____ ____ in

SECTION C: BASELINE SAMPLES: MEGX, Cholate, Galactose, Caffeine & Antipyrine

C1. Date of test: (MM/DD/YYYY) ____ / ____ / ____ ____

	Procedure	Description	Projected T-Time	Actual 24hr Clock Time HH:MM
C2.	MEGX	1 x 5ml red top	30-60 min before T=0	____ ____ : ____ ____
C3.	Cholate	1 x 5ml red top	30-60 min before T=0	____ ____ : ____ ____
C4.	Galactose	1 x 5ml gray top	30-60 min before T=0	____ ____ : ____ ____
C5.	Caffeine & Antipyrine	1 x 3ml saliva	30-60 min before T=0	____ ____ : ____ ____

SECTION D: ADMINISTRATION OF TEST COMPOUNDS

	Procedure	Description	Projected T-Time	a. Actual Timer End T-Time	b. Actual 24hr Clock End Time (HH:MM)
D1.	Start timer		T = 0 min		____ ____ : ____ ____
D2.	Administer IV compound A	0.5mg/kg 2% Lidocaine	T = 0 - 2 min	____ ____ min	____ ____ : ____ ____
D3.	Flush line with NS		T = 2 - 3 min	____ ____ min	____ ____ : ____ ____
D4.	Administer IV compound B	100mls 30% Galactose	T = 3 - 8 min	____ ____ min	____ ____ : ____ ____
D5.	Flush line with NS		T = 8 - 9 min	____ ____ min	____ ____ : ____ ____
D6.	Administer oral compounds	40mg 4d-Cholate, 300mg Caffeine, 500mg Antipyrine in juice; rinse	T = 8-9 min	____ ____ min	____ ____ : ____ ____

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D7.	Administer IV compound C	20mg ¹³ C-Cholate in 5mls 25% Albumin (10mls total)	T = 9-10 min	_____ min	_____ : _____
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SECTION E: SPECIMEN COLLECTION TIMES

CHOLATE, MEGX, & GALACTOSE

	Procedure	Description	Projected T-Time	a. Actual Timer T-Time	b. Actual 24hr Clock Time (HH:MM)
E1.	5min Cholate	1 x 5ml red top	T = 15 min	_____ min	_____ : _____
E2.	15min MEGX	1 x 5ml red top	T = 17 min	_____ min	_____ : _____
E3.	10min Cholate	1 x 5ml red top	T = 20 min	_____ min	_____ : _____
E4.	15min Cholate	1 x 5ml red top	T = 25 min	_____ min	_____ : _____
E5.	20min Galactose	1 x 5ml gray top	T = 28 min	_____ min	_____ : _____
E6.	20min Cholate	1 x 5ml red top	T = 30 min	_____ min	_____ : _____
E7.	30min MEGX	1 x 5ml red top	T = 32 min	_____ min	_____ : _____
E8.	30min Cholate	1 x 5ml red top	T = 40 min	_____ min	_____ : _____
E9.	40min Galactose	1 x 5ml gray top	T = 48 min	_____ min	_____ : _____
E10.	45min Cholate	1 x 5ml red top	T = 55 min	_____ min	_____ : _____
E11.	60min Galactose	1 x 5ml gray top	T = 68 min	_____ min	_____ : _____
E12.	60min Cholate	1 x 5ml red top	T = 70 min	_____ min	_____ : _____
E13.	75min Cholate	1 x 5ml red top	T = 85 min	_____ min	_____ : _____
E14.	80min Galactose	1 x 5ml gray top	T = 88 min	_____ min	_____ : _____
E15.	90min Cholate	1 x 5ml red top	T = 100 min	_____ min	_____ : _____
E16.	105min Cholate	1 x 5ml red top	T = 115 min	_____ min	_____ : _____
E17.	120min Cholate	1 x 5ml red top	T = 130 min	_____ min	_____ : _____
E18.	150min Cholate	1 x 5ml red top	T = 160 min	_____ min	_____ : _____
E19.	180min Cholate	1 x 5ml red top	T = 190 min	_____ min	_____ : _____

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CAFFEINE & ANTIPYRINE

	Procedure	Description	Projected T-Time	a. Projected Date MM/DD/YYYY	b. Projected Time HH:MM	d. Actual Date MM/DD/YYYY	e. Actual Time HH:MM
E20.	Caff & AP	1 x 2ml saliva	T = 6 hrs	___/___/___	___:___ c. AM.....1 PM.....2	___/___/___	___:___ f. AM.....1 PM.....2
E21.	Caff & AP	1 x 2ml saliva	T = 12 hrs	___/___/___	___:___ c. AM.....1 PM.....2	___/___/___	___:___ f. AM.....1 PM.....2
E22.	Caff & AP	1 x 2ml saliva	T = 24 hrs	___/___/___	___:___ c. AM.....1 PM.....2	___/___/___	___:___ f. AM.....1 PM.....2
E23.	Caff & AP	1 x 2ml saliva	T = 36 hrs	___/___/___	___:___ c. AM.....1 PM.....2	___/___/___	___:___ f. AM.....1 PM.....2
E24.	Caff & AP	1 x 2ml saliva	T = 48 hrs	___/___/___	___:___ c. AM.....1 PM.....2	___/___/___	___:___ f. AM.....1 PM.....2
E25.	Caff & AP	1 x 2ml saliva	T = 60 hrs	___/___/___	___:___ c. AM.....1 PM.....2	___/___/___	___:___ f. AM.....1 PM.....2

SECTION F: BATCH AND LOT NUMBERS

Indicate the pharmacy lot number and/or batch number for each compound.

	Compound Name	Pharmacy Lot and/or Batch Number
F1.	Compound B: Galactose	
F2.	Compound C: IV Cholate	
F3.	Oral Compound	

Patient ID: _____

SECTION G: METHIONINE BREATH TEST – BASELINE SAMPLES

G1. Date of test: (MM/DD/YYYY) ____ / ____ / _____

	Procedure	Description	Projected T-Time	Actual 24hr Clock Time HH:MM
G2.	Methionine Breath Test	1 x Exetainer tube (TUBE 1)	10 min before T=0	____ : ____
G3.	Methionine Breath Test	1 x Exetainer tube (TUBE 2)	5 min before T=0	____ : ____

SECTION H: METHIONINE BREATH TEST – ADMINISTRATION OF TEST COMPOUNDS

	Procedure	Description	Projected T-Time	a. Actual Timer End T-Time	b. Actual 24hr Clock End Time (HH:MM)
H1.	Start timer		T = 0 min		____ : ____
H2.	Administer ¹³ C-Methionine	¹³ C-Methionine dose in 80 mL water + flavored drink mix	T = 0 - 2 min	____ min	____ : ____

SECTION I: SPECIMEN COLLECTION TIMES

METHIONINE BREATH TEST

	Procedure	Description	Projected T-Time	a. Actual Timer T-Time	b. Actual 24hr Clock Time (HH:MM)
I1.	Methionine Breath Test	1 x Exetainer tube (TUBE 3)	T = 10 min	____ min	____ : ____
I2.	Methionine Breath Test	1 x Exetainer tube (TUBE 4)	T = 20 min	____ min	____ : ____
I3.	Methionine Breath Test	1 x Exetainer tube (TUBE 5)	T = 30 min	____ min	____ : ____
I4.	Methionine Breath Test	1 x Exetainer tube (TUBE 6)	T = 40 min	____ min	____ : ____
I5.	Methionine Breath Test	1 x Exetainer tube (TUBE 7)	T = 50min	____ min	____ : ____
I6.	Methionine Breath Test	1 x Exetainer tube (TUBE 8)	T = 60 min	____ min	____ : ____

SECTION J: LOT NUMBER

Indicate the lot number of the ¹³C-Methionine dose.

	Compound Name	Lot Number
J1.	¹³ C-Methionine	