

HALT-C Trial
QLFT Withdrawal Form
Form # 194 Version A: 06/15/2000

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. Date of withdrawal: (MM/DD/YYYY) _ _ / _ _ / _ _ _ _

B2. Primary reason for withdrawing from the QLFT study: (CIRCLE ONE REASON.)

- Insufficient sample collection1
- Patient withdrew consent2
- Other99

If other, then specify: _____

B3. Additional Comments:
