

HALT-C Trial

CTL Serum Aliquot Form

Form # 270 Version A: 06/15/2000 (Rev. 09/14/2004)

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

_____ - _____ - ____

A2. Patient initials: ____

A3. Visit number: ____

A4. Shipment Date: MM / DD / YYYY ____ / ____ / _____

A5. Initials of person completing form: ____

SECTION B: COLLECTION DATE

B1. Collection Date: (MM/DD/YYYY) ____ / ____ / _____

SECTION C: SPECIMEN INFORMATION

C1. Specimens in EDTA Vacutainer® tubes - to be shipped overnight, room temp:

Tube #	Purpose	Expected Volume	Study Visit		a. Collected?		b. Volume (ml) Range 01.0 – 10.0 ml
			1	2	Yes	No <small>(Skip to next item)</small>	
1	EBV CTL (10 ml) S00 or Randomized Phase (Selected Patients)		1	2	1	2	____ . ____
2	EBV CTL (10 ml) S00 or Randomized Phase (Selected Patients)		1	2	1	2	____ . ____
3	EBV CTL (10 ml) S00 or Randomized Phase (Selected Patients)		1	2	1	2	____ . ____
4	EBV CTL (10 ml) S00 or Randomized Phase (Selected Patients)		1	2	1	2	____ . ____
5	EBV CTL (10 ml) S00 or Randomized Phase (Selected Patients)		1	2	1	2	____ . ____