

**HALT-C Trial**  
**CTL Liver Aliquot Form**  
 Form # 271    Version A: 06/15/2000

**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. Liver tissue shipped in conical tube - to be shipped overnight:

Tube #	Purpose	Expected Size	Study Visit	a. Collected?		b. Length (cm)
				Yes	No <small>(skip to next item)</small>	Range 01.0 – 05.0 cm
1	Liver CTL	(1.0 cm)	S00, M24, M48	1	2	____ . ____