

HALT-C Trial
LP Aliquot Form

Form # 273 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. Specimens in 8.5-ml ACD Vacutainer® tubes - to be shipped overnight, room temp:

Tube #	Purpose	Expected Volume	Study Visit	a. Collected?		b. Volume (ml) Range 01.0 – 10.0
				Yes	No <small>(skip to next item)</small>	
1	Blood LP (8.5 ml) W00, W24, R00, M12, M24, M36, M48, M54			1	2	____ . ____
2	Blood LP (8.5 ml) W00, W24, R00, M12, M24, M36, M48, M54			1	2	____ . ____
3	Blood LP (8.5 ml) W00, W24, R00, M12, M24, M36, M48, M54			1	2	____ . ____
4	Blood LP (8.5 ml) W00, W24, R00, M12, M24, M36, M48, M54			1	2	____ . ____
5	Blood LP (8.5 ml) W00, W24, R00, M12, M24, M36, M48, M54			1	2	____ . ____