HALT-C Trial

# Sustained Virologic Responder Follow-up Ancillary Study Consent

Form # 701 Version A: 05/01/2008

## SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here → ___ ___ - ___ ___ ___ - ___

A2. Patient initials: __ __ __

A3. Visit number: **W72**

A4. Date form was completed: (MM/DD/YYYY) __ __ / __ __ / __ __ __ __

A5. Initials of person completing form: __ __ __

## SECTION B: HALT-C SVR FOLLOW-UP ANCILLARY STUDY INFORMED CONSENT

B1. Was the patient contacted about participating in the SVR Follow-up Ancillary Study?

Yes ..... 1 **(B2)**

No ..... 2

B1a. Reason why patient was not contacted:

Unable to locate patient ..... 1 **(End of Form)**

Patient died ..... 2 (**End of Form; COMPLETE CLINICAL OUTCOME FORM #763**)

Other ..... 99

B1b. Specify:_____ **(End of Form)**

B2. Did the patient consent to the SVR Follow-up Ancillary Study?

Yes ..... 1

No ..... 2 **(End of Form)**

B2a. Type of consent:

Signed ICF ..... 1

Telephone interview ..... 2