

HALT-C Trial

**Sustained Virologic Responder Follow-up Ancillary Study:
Ultrasound, MRI, CT**

Form # 722 Version A: 05/01/2008

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

_____ - _____ - ____

A2. Patient initials: __ __ __

A3. Visit number: **SVR** ____

A4. Date form completed: MM / DD / YYYY ____ / ____ / _____

A5. Initials of person completing form: __ __ __

SECTION B: TEST RESULTS

IF THERE ARE MULTIPLE TESTS, COMPLETE ONLY **ONE** FORM USING THE RESULTS FROM THE MOST RECENT ULTRASOUND, MRI OR CT, PREFERABLY WITHIN THE LAST 6 MONTHS.

B1. Date of Ultrasound, MRI or CT: (MM / DD / YYYY) ____ / ____ / _____

B2. Test Performed was:

Ultrasound.....	1
MRI	2
CT	3

B3. Was the test performed at HALT-C Clinical Center or at another location?

HALT-C Clinical Center	1
Performed at a non-HALT-C location.....	2

Patient ID: _____ - _____ - _____

B4. Was there evidence of ascites? Yes..... 1
No 2 (B5)

a. Characterization of ascites: Minimal 1
Mild 2 (COMPLETE FORM #763)
Moderate 3 (COMPLETE FORM #763)
Marked..... 4 (COMPLETE FORM #763)

Ascites Definitions:

- Minimal: Isolated thin sliver of fluid around the liver, or small pelvic pocket, or small amount of fluid in lesser sac
- Mild: multiple small collections as a thin sliver around the liver, pelvic pockets, small abdominal pockets
- Moderate: Fluid collection in multiple areas of the abdomen and around the intestines
- Marked (large): Bowel loops separated by fluid and large pools around liver, pelvis and peritoneal gutters

B5. Was there evidence of a liver mass suggestive of HCC?

Yes.....1 (END OF FORM. COMPLETE FORM #763)
No2 (END OF FORM)
Ambiguous3

a. Specify: _____