HALT-C Trial

Trial ID Assignment

Form # 1 Version B: 02/05/2001

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here A2. Patient initials: A3. Completion Date: MM / DD / YYYY / / A4. Initials of person completing form:
SECTION B: PATIENT ID INFORMATION
B0. Has Form # 1 been completed for this patient previously?
Yes 1
No
a. What was the patient's previous patient ID number:
b. What were the patient's previous initials:
B1. Patient's Date of Birth: (MM/DD/YYYY)/
B2. Patient Gender
Male1
Female2
B3. Patient's Race
White 1
Black2
Asian or Pacific Islander3
American Indian or Alaskan Native4
Other5 Please specify:
Unknown6
a. Source of information:
Patient1
Medical Chart2

Y	es		1								
N	o		2								
a. Source	of information:										
Р	atient		1								
N	ledical Chart		2								
. Will this pati	ent be brought in for screening	visits f	or the	HALT	-C T	rial?	•				
Y	es		1	(Secti	ion C	C)					
N	lo		2	(End Inelig			omp	olete	For	n # 5	Tria
	ATIENT'S MOST RECENT ADI	EQUAT	TE CC	DURSE	E OF	TRE	=ΔΤΙ	MEN	T V	VITH	
CTION C: P <i>I</i> TERFERON	TIENT O MOOT RECEIVE ADI						_/\'				
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Patient ID: ____ - ___ -__

HALT-C Trial Form # 1 Version B : 02/05/2001 Page 2 of 4

		Patien	nt ID:		
C5	Tota	I number of weeks this course of	Interferon given:		
C6	Was	the dose of Interferon adjusted d	uring this course of trea	atment?	
	Ye	es	1		
	N	0	2 (C7)		
		For this most recent adequate treatment:	Dosage	Number of Doses per Week	Number of Weeks
			a.	b.	C.
	1.	Adjusted Dose of Interferon	MU		

2.

Adjusted Dose of Interferon

mcg Adjusted Dose of Interferon 3. mcg MU 4. Adjusted Dose of Interferon _ ___ mcg _ **.** ____ MU 5. Adjusted Dose of Interferon mcg C7. Was Ribavirin given with this course of Interferon treatment? Yes1 C8. Initial daily dose of Ribavirin for this course of Interferon treatment: ____ __ __ mg

C9. Total number of weeks Ribavirin given with this course of Interferon treatment: ____ ___

mcg

MU

HALT-C Trial Form # 1 Version B: 02/05/2001 Page 3 of 4

		For this most recent adequate treatment:	Total Daily Dosage	Number of Weeks	
			a.	b.	
	1.	Adjusted Dose of Ribavirin	mg		
	2.	Adjusted Dose of Ribavirin	mg		
	3.	Adjusted Dose of Ribavirin	mg		
	4.	Adjusted Dose of Ribavirin	mg		
	5.	Adjusted Dose of Ribavirin	mg		
1. How w	as the	patient's non-response to treatm	nent determined? (R	ecord code 1-3)	
		N	nse Codes:		

HALT-C Trial Form # 1 Version B : 02/05/2001 Page 4 of 4