

HALT-C Trial

Randomization Visit Date

Form # 98 Version A: 06/15/2000

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

A2. Patient initials: __ __ __

A3. Visit number: R00

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

A5. Initials of person completing form: __ __ __

SECTION B: RANDOMIZATION VISIT DATE

B1. Date patient came in for Randomization Visit: (MM/DD/YYYY) __ __ / __ __ / __ __ __ __