

HALT-C Trial  
**Extension 2007 HCV RNA Results**  
Form # 631 Version A: 02/16/2007

**SECTION A: GENERAL INFORMATION**

- A1. Affix ID Label Here →
- A2. Patient initials:
- A3. Visit number: M \_\_\_\_\_
- A4. Date form completed: MM / DD / YYYY    \_\_\_ / \_\_\_ / \_\_\_\_\_
- A5. Initials of person completing the form:

COMPLETE THIS FORM AT EVERY VISIT FOR EXTENSION 2007, EVEN IF HCV RNA TESTING WAS NOT DONE.

**SECTION B: HCV RNA ASSAY INFORMATION**

- B1. Are the results of an HCV RNA assay since the last HALT-C visit available?
- Yes ..... 1
- No ..... 2 (END OF FORM)

B2. Date of blood draw: (MM / DD / YYYY) \_\_\_ / \_\_\_ / \_\_\_\_\_

**SECTION C: FIRST HCV RNA ASSAY RESULT**

C1. Assay performed:  Specify: \_\_\_\_\_

- C2. HCV RNA Assay Result:
- Detected / Positive ..... 1
- Not Detected / Negative ..... 2

<u>HCV RNA Assay Code Box</u>
1. Monitor
2. Amplicor
3. TMA
4. bDNA
5. TAQman (Specify)
6. PCR (Specify)
99. Other (Specify)

C3. Number and Units of HCV RNA Assay Result:

a. Number: \_\_\_\_\_ (Specify)    b. Units: \_\_\_\_\_ (Specify)

C4. Reference Range:

a. Number: < \_\_\_\_\_ (Specify)    b. Units: \_\_\_\_\_ (Specify)

- C5. Is there another HCV RNA Assay Result?
- Yes ..... 1
- No ..... 2 (END OF FORM)

Patient ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SECTION D: SECOND HCV RNA ASSAY RESULT**

D1. Assay performed:  Specify: \_\_\_\_\_

- HCV RNA Assay Code Box
- 1. Monitor
  - 2. Amplicor
  - 3. TMA
  - 4. bDNA
  - 5. TAQman (Specify)
  - 6. PCR (Specify)
  - 99. Other (Specify)

D2. HCV RNA Assay Result:  
Detected / Positive .....1  
Not Detected / Negative .....2

D3. Number and Units of HCV RNA Assay Result:  
a. Number: \_\_\_\_\_ (Specify) b. Units: \_\_\_\_\_ (Specify)

D4. Reference Range:  
a. Number: < \_\_\_\_\_ (Specify) b. Units: \_\_\_\_\_ (Specify)