

HALT-C Trial  
Trial Consent

Form # 2 Version A: 11/01/2003

**SECTION A: GENERAL INFORMATION**

- A1. Affix ID Label Here →
- A2. Patient initials: \_\_ \_\_ \_\_
- A3. Visit number: S 0 0
- A4. Date form was completed: (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- A5. Initials of person completing form: \_\_ \_\_ \_\_

**SECTION B: MAIN TRIAL INFORMED CONSENT**

- B1. Did patient sign a HALT-C Trial informed consent form?  
Yes..... 1  
No..... 2 **(END OF FORM)**
  
- B2. Did patient sign consent for genetic testing?  
Yes..... 1  
No..... 2
  
- B3. Did patient sign consent to receive information about genetic testing?  
Yes..... 1  
No..... 2

**SECTION C: ANCILLARY STUDIES CONSENT**

- C1. Immunology/Virology Ancillary Study: Was patient eligible to participate in this ancillary study?  
Yes..... 1  
No..... 2 **(C2)**
  - a. Did the patient sign a consent form to participate in this ancillary study?  
Yes..... 1  
No..... 2

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

C2. Quantitative Liver Function Testing Ancillary Study: Was patient eligible to participate in this ancillary study?

Yes..... 1

No..... 2 **(C3)**

a. Did the patient sign a consent form to participate in this ancillary study?

Yes..... 1

No..... 2

C3. Cognitive Effects Ancillary Study: Was patient eligible to participate in this ancillary study?

Yes..... 1

No..... 2 **(END OF FORM)**

a. Did the patient sign a consent form to participate in this ancillary study?

Yes..... 1

No..... 2