HALT-C Trial

Baseline Visit Date

Form # 8 Version A: 06/15/2000

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here → __ __ - __ __ __ - __

A2. Patient initials: __ __ __

A3. Visit number: W 0 0

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

A5. Initials of person completing form: __ __ __

SECTION B: OFFICIAL DATE OF ENTRY INTO HALT-C TRIAL

B1. Date patient received the initial supply of Trial medications: (MM/DD/YYYY) __ __ / __ __ / __ __ __ __

B2. Was the Baseline visit completed on this date?

Yes ……. 1
No ……. 2