HALT-C Trial
Ribavirin Dose Adjustments
Form #29 Version B: 10/01/2001

A1. Affix ID Label Here: → ___ ___ - ___ ___ ___ - ___

A2. Patient Initials: __ __ __

B1.

Date of dose change	Previous daily dose	Daily dose changed to:	Reason dose was changed (Use codes in table, below. For codes 44, 5, 6 and 99, explain.)	Coordinator's initials	Data entered
a.	b.	c.	d.	e.	
__ __ / __ __ / __ __ __ __	_ _ _ _ mg	_ _ _ _ mg	__ __ Explain ____________	__ __ __	
__ __ / __ __ / __ __ __ __	_ _ _ _ mg	_ _ _ _ mg	__ __ Explain ____________	__ __ __	
__ __ / __ __ / __ __ __ __	_ _ _ _ mg	_ _ _ _ mg	__ __ Explain ____________	__ __ __	
__ __ / __ __ / __ __ __ __	_ _ _ _ mg	_ _ _ _ mg	__ __ Explain ____________	__ __ __	
__ __ / __ __ / __ __ __ __	_ _ _ _ mg	_ _ _ _ mg	__ __ Explain ____________	__ __ __	
__ __ / __ __ / __ __ __ __	_ _ _ _ mg	_ _ _ _ mg	__ __ Explain ____________	__ __ __	

Ribavirin Dose Adjustment Codes

*44. Any adverse event or disabling symptom which, in the opinion of the investigator, warrants a reduction in accordance with the dose reduction guidelines outlined in the HALT-C Protocol. (Please explain in B1d.)

*5. Any other adverse event, which, in the opinion of the investigator, places the patient at increased risk. (Please explain in B1d.)

*6. Adverse event resolved (Please explain in B1d.)

7. Changed according to protocol for randomization phase or at complete of W20 responder treatment.

*99. Other (Please explain in B1d.)

***Complete Adverse Event Report (Form #60) or Serious Adverse Event Report (Form #61), as applicable.**