

HALT-C Trial

AFP

Form # 34 Version B: 08/20/2001

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here: →

A2. Patient initials _____

A3. Visit number: _____

A4. Date form completed: MM/DD/ YYYY ____/____/_____

A5. Initials of person completing form: _____

SECTION B: AFP RESULT

B1. Date of Blood Draw (MM/DD/YYYY): ____/____/_____

B2. AFP Result: _____ . _____ ng/ml

a. Upper limit of normal _____ . _____ ng/ml