

HALT-C Trial

Screening Visit 2 Local Lab

Form # 35 Version B: 12/03/2001

SECTION A: GENERAL INFORMATION

- A1. Affix ID Label Here → \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_
- A2. Patient initials: \_\_\_\_ \_
- A3. Visit number: S 0 0
- A4. Date form completed: MM / DD / YYYY \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- A5. Initials of person completing form: \_\_\_\_ \_
- A6. Date of blood draw: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

SECTION B. SCREENING VISIT 2 LIVER CHEMISTRIES

- B1. AST (SGOT) \_\_\_\_ \_ (U/L)
  - a. Upper limit of normal (from lab report): \_\_\_\_ \_ (U/L)
- B2. ALT (SGPT) \_\_\_\_ \_ (U/L)
  - a. Upper limit of normal (from lab report): \_\_\_\_ \_ (U/L)
- B3. Alkaline phosphatase \_\_\_\_ \_ (U/L)
  - a. Upper limit of normal (from lab report): \_\_\_\_ \_ (U/L)
- B4. Total bilirubin \_\_\_\_ \_ . \_\_\_\_ (mg/dL)
- B5. Albumin \_\_\_\_ \_ . \_\_\_\_ (g/dL)
- B6. Globulin \_\_\_\_ \_ . \_\_\_\_ (g/dL) **or** Total Protein \_\_\_\_ \_ . \_\_\_\_ (g/dL)

SECTION C: SCREENING TSH

- C1. TSH \_\_\_\_ \_ . \_\_\_\_ \_ mU/L

SECTION D: URINALYSIS

- D1. Protein:
  - 0 ..... 1
  - 1+ ..... 2
  - 2+ ..... 3
  - 3+ ..... 4
  - 4+ ..... 5
- D2. Heme:
  - 0 ..... 1
  - 1+ ..... 2
  - 2+ ..... 3
  - 3+ ..... 4
  - 4+ ..... 5

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

**SECTION E. PREGNANCY TESTING (Complete for female patients only)**

- E1. Pregnancy test: Positive ..... 1
- Negative ..... 2
- Not applicable ..... -1

**SECTION F. PROTHROMBIN TIME (Complete for Express patients only)**

F1. Prothrombin Time \_\_\_\_ . \_\_\_\_ (INR)