

HALT-C Trial

Repeat AFP

Form # 36    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 blood drawn \_\_\_\_/\_\_\_\_/\_\_\_\_

B2. AFP result: \_\_\_\_ . \_\_\_\_ ng/mL

a. Upper limit of normal \_\_\_\_ . \_\_\_\_ ng/mL