

HALT-C Trial
Repeat HCV RNA

Form # 37 Version A: 06/15/2000

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

A2. Visit number: ____ - ____ - ____

A3. Date form completed: MM / DD / YYYY ____ / ____ / ____

A4. Initials of person completing form: ____ - ____ - ____

SECTION B: REPEAT HCV RNA ASSAY RESULTS

B1. Quantitative REPEAT HCV RNA assay result:

- Positive1 Specify: ____ . ____ E ____ IU/mL
- Not detected2
- Not done3 (B2)
- Positive, above limit of assay4

- a. Date of assay: (MM/DD/YYYY) ____ / ____ / ____
- b. Ring ID #: ____ - ____ - ____ - ____ - ____

B2. Qualitative REPEAT HCV RNA assay result:

- Positive.....1
- Negative.....2
- Not done.....3 (SECTION C)

- a. Date of assay: (MM/DD/YYYY) ____ / ____ / ____
- b. Ring ID #: ____ - ____ - ____ - ____ - ____

SECTION C: PATIENT'S REPEAT HCV RNA STATUS

C1. Based on quantitative and/or qualitative assay results, this patient's REPEAT HCV RNA status is:

- Positive.....1
- Negative.....2