HALT-C Trial

Screening Biopsy Evaluation

Form # 50 Version C: 10/01/2001

A1. Affix ID Label Here →
SECTION B: TO BE COMPLETED BY THE STUDY COORDINATOR
B1. End date of last course of (most recent) treatment with interferon: MM/DD/YYYY//
B2. Date of biopsy: MM/DD/YYYY//
B3. Was this biopsy performed specifically for entry into the HALT-C Trial?
Yes1
No2
B4. Hospital Accession # of this biopsy:
SECTION C: TO BE COMPLETED BY THE SITE PATHOLOGIST
C1. Initials of pathologist reading biopsy:
C1. Initials of pathologist reading biopsy: C2. Date biopsy read: MM/DD/YYYY/
C2. Date biopsy read: MM/DD/YYYY//
C2. Date biopsy read: MM/DD/YYYY// C3a. Ishak fibrosis score of this biopsy:
C2. Date biopsy read: MM/DD/YYYY// C3a. Ishak fibrosis score of this biopsy: 0
C2. Date biopsy read: MM/DD/YYYY/
C2. Date biopsy read: MM/DD/YYYY/ C3a. Ishak fibrosis score of this biopsy: 0
C2. Date biopsy read: MM/DD/YYYY/ C3a. Ishak fibrosis score of this biopsy: 0
C2. Date biopsy read: MM/DD/YYYY/ C3a. Ishak fibrosis score of this biopsy: 0

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	Patient ID:		
C3b. Was there a previous biops	sy with an Ishak score of 3 or greater?		
Yes	1 (C3c)		
No	2 (END OF FORM. COMPLETE FO	ORM #5, TRIAL INELIGIBILITY)	
C3c1 Date of previous biopsy	C3c2 Ishak Fibrosis score of previous biopsy	C3c3 Hospital Accession Number	
//			
//			
//			
C4. Does this patient have stea	tohepatitis (alcoholic or nonalcoholic)?		
Yes	1		
No	2 (C6)		
C5. Is the steatohepatitis severe	e as defined by the presence of all of t	he following criteria: steatosis	
(3+ or 4+), Mallory bodies (many	y), zone 3 pericellular fibrosis (extensiv	/e)	
Yes	1 (END OF FORM. COMPLETE FO	RM #5, TRIAL INELIGIBILITY)	
No	2		
C6. Presence of 3+ or 4+ hepat	ocellular stainable iron:		
Present	1 (READ INSTRUCTIONS IN QxQ ON ELIGIBILITY.)	DETERMINING PATIENT	
Absent	2		
C7. Liver histology that is consis	stent with alpha-1-antitrypsin deficienc	y (alpha-1-antitrypsin globules):	
Present	1 (READ INSTRUCTIONS IN QxQ ON DETERMINING PATIENT ELIGIBILITY.)		
Absent	2		
C8. Number of unstained slides	available for shipment to AFIP:		
C9. Number of slides available a	t site:		

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C10. Is the block available at the site?	
Yes1	
No2	
C11. Is there source documentation available?	
Yes1	
No2	

Patient ID:

RETURN COMPLETED FORM AND 10 UNSTAINED SLIDES TO THE STUDY COORDINATOR.