HALT-C Trial

Clinical Center Biopsy

Form # 52 Version A: 06/15/2000 (Rev. 08/27/2004)

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 Sections A and B: __ __ __

SECTION B: TO BE COMPLETED BY THE STUDY COORDINATOR

B1. Date of biopsy: (MM/DD/YYYY) __ __ / __ __ / __ __ __ __

B2. Hospital Accession # of this biopsy: _____ **NOT FOR DATA ENTRY**

SECTION C: TO BE COMPLETED BY THE SITE PATHOLOGIST

C1. Initials of pathologist reading biopsy: __ __ __

C2. Date biopsy read: MM/DD/YYYY __ __ / __ __ / __ __ __ __

C3. Is the biopsy adequate for grading and staging?
Yes 1
No 2

C4. Number of unstained slides available for shipment to AFIP: ___ ___

C5. Number of slides at site: ___ ___

C6. Is the block at the site?
Yes 1
No 2

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