

HALT-C Trial
Liver Transplant Information
 Form # 67 Version B: 11/01/2003

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →	_____ - _____ - ____
A2. Patient initials: ____ ____ ____	
A3. Date form was completed: (MM/DD/YYYY) ____ / ____ / _____	
A4. Initials of person completing form: ____ ____ ____	

SECTION B: DATE OF TRANSPLANT

B1. Date patient was first placed on the liver transplant list: (MM/DD/YYYY) ____ / ____ / _____

B2. Date patient first received a liver transplant: (MM/DD/YYYY) ____ / ____ / _____

B3. Type of transplant:	Living donor.....1
	Cadaver.....2
	Unknown.....8

SECTION C: EXPLANT LIVER FINDINGS

C1. Was this patient diagnosed to have HCC prior to transplant?	Yes 1
	No 2

C2. Does the liver pathology report show HCC in the explant liver?	Yes 1
	No 2 (END OF FORM)