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HALT-C Trial Pregnancy Report

Form # 68 Version A: 06/15/2000

SECTION A: GENERAL INFORMATION

A1. Patient ID →

A2. Patient initials: _____

A3. Date form completed (MM/DD/YYYY): ____ / ____ / _____

A4. Initials of person completing form: _____

SECTION B. PREGNANCY REPORT

B1. Pregnancy is reported for: Patient in HALT-C.....1

Partner of patient in HALT-C..... 2

B2. Date of Last Menstrual Period (LMP): (MM/DD/YYYY) __ __ / __ __ / __ __ __ __

SECTION C: PEGINTERFERON ALFA-2A

C1. Has the patient taken any Peginterferon alfa-2a during this pregnancy?

Yes..... 1

No..... 2 (SECTION D)

C2. What was the dose of Peginterferon alfa-2a at the onset of pregnancy? ____ . ____ MU or ____ __ mcg

SECTION D: RIBAVIRIN

D1. Has the patient taken any Ribavirin during this pregnancy?

Yes..... 1

No..... 2 (SECTION E)

D2. What was the dose of Ribavirin at the time of the onset of pregnancy? ____ __ __ mg

SECTION E: SUMMARY INFORMATION ABOUT PREGNANCY

E1. Provide summary of the pregnancy.
