

HALT-C Trial
Screening 2 Aliquot Form
 Form # 71 Version B: 08/20/2001

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here → _____ - _____ - _____
 A2. Patient initials: __ __ __
 A3. Visit number: S 0 0
 A4. Date form completed: MM / DD / YYYY __ __ / __ __ / _____
 A5. Initials of person completing form: __ __ __

Note: Each Accession # is composed of 2 parts: Sample ID + Sequence #

SECTION B: SAMPLE ID

B1. Enter the sample ID (2 letters + 6 numbers) **from the set of labels to be used for this patient at this study visit:**

Sample ID: D _____

B2. Date of blood draw: (MM/DD/YYYY) __ __ / __ __ / _____

SECTION C: SPECIMEN INFORMATION

C1. Were there any problems after specimen collection, such as a delay in processing or hemolysis?

Yes 1 (complete a, b, c + d for each tube collected/aliquotted)

No 2 (complete a + b for each tube collected/aliquotted)

C2. Specimens in ACD vacutainers - to be shipped overnight, room temp:

Sequence #	Purpose	Expected Volume	a. Collected?		b. Volume (ml)	c. Code	d. Date processed
			Yes	No <small>(skip to next item)</small>			
001	PBMC	(10 ml)	1	2	____ . ____	____ specify ____	__ / __ / ____
002	PBMC	(10 ml)	1	2	____ . ____	____ specify ____	__ / __ / ____
003	EBV	(10 ml)	1	2	____ . ____	____ specify ____	__ / __ / ____
004	EBV	(10 ml)	1	2	____ . ____	____ specify ____	__ / __ / ____
005	Spare whole blood (10 ml)		1	2	____ . ____	____ specify ____	__ / __ / ____
006	Spare whole blood (10 ml)		1	2	____ . ____	____ specify ____	__ / __ / ____

Serum in aliquot tubes, to be shipped frozen:

Sequence #	Purpose	Expected Volume	a. Aliquotted?		b. Volume (ml)	c. Code	d. Date processed
			Yes	No (skip to next item)			
117	Long-term storage (1.0 ml)		1	2	____ . ____	____ specify _____	____/____/____
118	Long-term storage (1.0 ml)		1	2	____ . ____	____ specify _____	____/____/____
125	Spare serum (1.0 ml)		1	2	____ . ____	____ specify _____	____/____/____
126	Spare serum (1.0 ml)		1	2	____ . ____	____ specify _____	____/____/____
119	Long-term storage* (1.0 ml)		1	2	____ . ____	____ specify _____	____/____/____
120	Long-term storage* (1.0 ml)		1	2	____ . ____	____ specify _____	____/____/____

* To be stored locally until notified by DCC to ship

SECTION D: LIVER TISSUE

D1. Date of biopsy: (MM/DD/YYYY) ____/____/____

D2. Were there any problems after specimen collection, such as a delay in processing?

Yes 1 (complete a, b, c + d below)

No 2 (complete a and b below)

D3. Snap frozen at bedside-stored at -70°C-shipped on dry ice

Sequence #	Purpose	Expected Size	a. Collected?		b. Length (cm)	c. Code	d. Date processed
			Yes	No (End of Form)			
130	Liver – long-term storage (2.5 cm)		1	2	____ . ____	____ specify _____	____/____/____

Codes for specimen processing

1. okay
2. hemolysis
3. delay in processing-processed within 4-6 hours of collection
4. delay in processing-processed within 6-8 hours of collection
5. delay in processing-processed within 8-12 hours of collection
6. delay in processing-processed within 12-18 hours of collection
7. delay in processing-processed within 18-24 hours of collection
8. delay in processing-processed within 24-48 hours of collection
9. delay in processing-processed 48+ hours after collection
10. delay in shipping
11. collected in incorrect tube-plasma collected instead of serum
12. delay in snap freezing liver tissue
13. Vacutainer tubes stored in refrigerator
99. Other-please specify