

**HALT-C Trial**  
**Repeat AFP Aliquot Form**  
 Form # 75    Version A:06/15/2000

**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 form: \_\_\_\_\_

**Notes:** 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 only for each tube collected/aliquotted)

C2. Serum in aliquot tubes, to be shipped frozen:

Sequence #	Purpose	Expected Volume	Study Visit (As needed)	a. Aliquotted?		b. Volume (ml)	c. Code	d. Date processed
				Yes	No <small>(skip to next item)</small>			
129	AFP	(1.0 ml)		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 tube stored in refrigerator
99. Other-please specify