

HALT-C Trial
R00 Visit Aliquot Form
 Form # 77 Version A: 06/15/2000

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here → _____ - _____ - ____
 A2. Patient initials: _____
 A3. Visit number: R00
 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 for each tube collected/aliquotted)

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

Sequence #	Purpose	Expected Volume	Study Visit	a. Aliquotted?		b. Volume (ml)	c. Code	d. Date processed
				Yes	No (skip to next item)			
105	HCV RNA	(1.0 ml)	R00	1	2	____ . ____	____ specify _____	____ / ____ / _____
106	HCV RNA	(1.0 ml)	R00	1	2	____ . ____	____ specify _____	____ / ____ / _____
107	HCV RNA	(1.0 ml)	R00	1	2	____ . ____	____ specify _____	____ / ____ / _____
108	HCV RNA	(remain)	R00	1	2	____ . ____	____ specify _____	____ / ____ / _____
109	(Express Patients Only) HCV Genotype	(1.0 ml)	R00	1	2	____ . ____	____ specify _____	____ / ____ / _____

Sequence #	Purpose	Expected Volume	Study Visit	a. Aliquotted?		b. Volume (ml)	c. Code	d. Date processed
				Yes	No (skip to next item)			
110	Long-term storage (1.0 ml)	R00	1	2	____ . ____	____ specify ____	____/____/____	
111	Long-term storage (1.0 ml)	R00	1	2	____ . ____	____ specify ____	____/____/____	
112	Long-term storage (1.0 ml)	R00	1	2	____ . ____	____ specify ____	____/____/____	
113	Long-term storage (1.0 ml)	R00	1	2	____ . ____	____ specify ____	____/____/____	
114	Long-term storage (1.0 ml)	R00	1	2	____ . ____	____ specify ____	____/____/____	
115	Long-term storage* (1.0 ml)	R00	1	2	____ . ____	____ specify ____	____/____/____	
116	Long-term storage* (1.0 ml)	R00	1	2	____ . ____	____ specify ____	____/____/____	
123	Spare serum (1.0ml)		1	2	____ . ____	____ specify ____	____/____/____	
124	Spare serum (1.0ml)		1	2	____ . ____	____ specify ____	____/____/____	
125	Spare serum (1.0ml)		1	2	____ . ____	____ specify ____	____/____/____	

* To be stored locally until notified by DCC to ship

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