HALT-C Trial

Lost Drug Accountability

Form # 926 Version A: 06/15/2000

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here → __ __ - __ __ __ - __

A2. Patient initials: __ __ __

A3. Visit number: __ __ __

A4. Form completion date: MM/DD/YYYY __ __ / __ __ / __ __ __ __

A5. Initials of person completing form: __ __ __

SECTION B: LOST DRUG PEGASYS® 180 μg VIALS

B1. Are there any Pegasys® 180 μg vials reported as lost? Yes.....1

No.....2 **(C1)**

B2. How many Pegasys® 180 μg vials were reported as lost? __ __ __

B3. On what date were lost Pegasys® 180 μg vials reported to site?

(MM/DD/YYYY) __ __ / __ __ / __ __ __ __

SECTION C: LOST DRUG PEGASYS® 90 μg VIALS

C1. Are there any Pegasys® 90 μg vials reported as lost? Yes 1

No .....2 **(D1)**

C2. How many Pegasys® 90 μg vials were reported as lost? __ __ __

C3. On what date were lost Pegasys® 90 μg vials reported to site?

(MM/DD/YYYY) __ __ / __ __ / __ __ __ __

SECTION D: LOST RIBAVIRIN TABLETS

D1. Are there Ribavirin 200 mg tablets reported as lost? Yes.....1

No .....2 **(END OF FORM)**

D2. How many Ribavirin 200 mg tablets were reported as lost? __ __ __

D3. On what date were lost Ribavirin 200 mg tablets reported to site?

(MM/DD/YYYY) __ __ / __ __ / __ __ __ __