LE

NIDDK

VIRAL HEPATITIS C

LABORATORY EVALUATION

10/30/2002
Version 1.2

FORM KEYS

Patient ID __ __-__ __ __-__ __ __

Time point:

- ☐ Screen 1
- ☐ Baseline
- TMT Day _____ (7, 14, or 28)
- TMT Week _____ (6, 8, 12, 16, 20, 24, 28, 32, 36, 40, 44, or 48)
- Follow-Up Week _____ (4, 12, 24, 36, or 48)
- ☐ Unscheduled Visit
- ☐ Premature discontinuation of treatment
- ☐ Premature discontinuation of follow-up

COMPLETION LOG

Data Collector ID _____
Initials

Data Collection __ __ - __ __ - __ __

Date Entered __ __ - __ __ - __ __

Date Verified __ __ - __ __ - __ __
MM DD YY

Patient ID __ __ - __ __ __ - __ __ __

LABORATORY EVALUATION

Date of sample ___/___/____ ____:____ Are the results from the primary lab? ☐ Yes ☐ No
mm dd yy military time

Instructions: Record the result for each. If a lab is not completed, check "Not done".

	Result	Not done	
1. Pregnancy	☐ Positive ☐ Negative	☐	Screen 1 Baseline Treatment – ALL except Days 2, 3, 21 Follow-up – ALL
2. White blood cells	__ __ . __ 10^3 cells/mm^3	☐	
3. Platelets	__ __ __ 10^3 cells/mm^3	☐	
4. Neutrophils	__ __ . __%	☐	
5. Hemoglobin	__ __ . __g/dl	☐	
6. Hematocrit	__ __ . __%	☐	
7. ALT	__ __ __ IU/L	☐	Screen 1 Baseline Treatment – ALL except Days 2, 3, 7, 21 Follow-up – ALL Total bilirubin exception: No follow-up
8. AST	__ __ __ IU/L	☐	
9. Alkaline phosphatase	__ __ __ IU/L	☐	
10. Direct bilirubin	__.__ mg/dl	☐	
11. Total bilirubin	__.__ mg/dl	☐	
12. Albumin	__.__ g/dl	☐	Screen 1 Treatment – ALL except Days 2, 3, 7, 21 Follow-up – Weeks 12, 24, and 48
13. BUN	__ __ mg/dl	☐	
14. Creatinine	__.__ mg/dl	☐	
15. Uric acid	__.__ mg/dl	☐	
16. TSH	__.__ __ mcU/ml	☐	Screen 1 Treatment – Weeks 12, 24, 36, and 48 Follow-up – Weeks 12, 24, and 48
	PT Control		Screen 1 Treatment – Weeks 24 and 48 Follow-up – Weeks 12, 24, and 48
17. Prothrombin time	__ __.__/__ __.__sec	☐	
18. INR	__.__	☐	
	Fasting Non-fasting		Screen 1 Baseline Treatment – Weeks 2 to 24, and 48 Follow-up Weeks 12, 24, and 48
19. Glucose	__ __ __ __ __ __ mg/dl	☐	
20. Triglycerides	__ __ __ __ __ __ mg/dl	☐	Baseline Treatment – Weeks 24 and 48 Follow-up – Week 24
21. Insulin	__ __.__ __ __.__ mcU/ml	☐	

If results are not from the primary lab, record the lower and upper limits of laboratory normals.

	Lower limit	Upper limit
1. ALT	__ __ __ IU/L	__ __ __ IU/L
2. AST	__ __ __ IU/L	__ __ __ IU/L
3. Alkaline phosphatase	__ __ __ IU/L	__ __ __ IU/L
4. Direct bilirubin	__.__ mg/dl	__.__ mg/dl
5. Total bilirubin	__.__ mg/dl	__.__ mg/dl
6. Albumin	__.__ g/dl	__.__ g/dl
7. BUN	__ __ mg/dl	__ __ mg/dl
8. Creatinine	__.__ mg/dl	__.__ mg/dl
9. Uric acid	__.__ mg/dl	__.__ mg/dl
10. TSH	__.__ __ mcU/ml	__.__ __ mcU/ml
11. Glucose	__ __ __ mg/dl	__ __ __ mg/dl
12. Triglycerides	__ __ __ mg/dl	__ __ __ mg/dl
13. Insulin	__.__ mcU/ml	__.__ mcU/ml

FOR SCREENING EVALUATION LABS ONLY

14. Alpha-fetoprotein	__ __ __.__ ng/ml	__ __ __.__ ng/ml
15. Cholesterol	__ __ __ mg/dl	__ __ __ mg/dl
16. TIBC	__ __ __ mcg/dl	__ __ __ mcg/dl
17. Serum iron	__ __ __ mcg/dl	__ __ __ mcg/dl
18. Ferritin	__ __ __.__ ng/ml	__ __ __.__ ng/ml
19. Alpha-1-antitrypsin	__ __ __ mg/dl	__ __ __ mg/dl
20. Ceruloplasmin	__ __.__mg/dl	__ __.__mg/dl