FIRST LINE DAY 14 FOLLOW-UP VISIT ON TREATMENT (1)



FIRST LINE DAY 14 FOLLOW-UP VISIT ON TREATMENT (2)



PID#	Date of Visit	PID#	Date of Visit	
Since the last visit		Resource utilisation	on	
	opped, re-started, changed dose or frequen		How many times has the participant	
of any study drug	Y □ N □	Visited the GP[☐ Visited A&E☐☐ Admitted to hospital☐☐	
If yes, please update tria		If admitted to hos		
Any missed doses Y N		Date of admission Date of discharge:		
If yes details of missed drug/s (number of missed doses and number of prescribed doses in the last 7 days:		How many blood		
Last once daily pill:		If any date of tran		
Time:		Total units:		
Last twice daily pill:		Date of second tra	ansfusion:	
Time:		Total units		
How often were doses taken with food?		•	Has the participant had any scans or X-rays: Y \ N \	
		If yes, please prov	ide details of scan or X-ray:	
RBV:Any Serious/adverse e				
	nosis:	Next visit:		
ii yes, symptoms/uiag	110313	Date of next visit:		
Change in conmeds?	Y 🔲 N 🔲	Lab results requ	ired- tick if collected	
If yes, record details:		HCV VL Haer	matology 🗌	
_		Biochemistry 🔝	J C (. C	
Storage Sample collec		POC IL28 test Y	」 N N/A]IL28 CT	
EDTA Plasma-10ml	cted: N OI	Result: IL28 CC] IL28 CT [IL28 TT NO result [
	Number of tubes Time ::			
Date specimen obtain	ed:	Cian.	Date:	
TREATMENT (1)	FOLLOW-UP VISIT ON STOPH Entale Pedicto 8	TREATMENT (2)	14 FOLLOW-UP VISIT ON STOP-HCV Trutted Medicine for High-	
PID#	Date of Visit			
Since the last visit		Resource utilisation	on nas the participant	
	opped, re-started, changed dose or frequen		Visited A&E Admitted to hospital	
of any study drug If yes, please update tria	Y N N	If admitted to hos		
Any missed doses	Y □ N □	Date of admission	:	
If yes details of missed	d drug/s (number of missed doses and	Date of discharge:		
number of prescribed	doses in the last 7 days:	How many blood		
		If any date of tran	stusion:	
Last once daily pill: Time:		Total units: Date of second tra		
Last twice daily pill:		Total units		
Time:			it had any scans or X-rays: Y N	
How often were doses	s taken with food?		ide details of scan or X-ray:	
VIK/EXV/MVT:				
RBV:		Next visit:		
Any Serious/adverse e		Date of next visit:		
ii yes, symptoms/uiag	nosis:	Lab results regu	ired- tick if collected	
Change in conmeds? Y N		HCV VL Haer		
If yes, record details:		Biochemistry	Biochemistry	
· ·		POC IL28 test Y		
Storage Sample collect	rtad2 N or	Result: IL28 CC	IL28 CT IL28 TT No result	
EDTA Plasma-10ml	Sted: IV [] OI			
	Number of tubes Time ::]	_	
Date specimen obtain		Sign:	Date:	