FIRST LINE WEEK 4 POST EOT (1)

PID#_____ Date of Visit _____

Clinical Information
Weight: _____

Since the last visit
Any Serious/adverse event? Y ☐ N ☐
If yes, symptoms/diagnosis:_____
_____
Change in conmeds? Y ☐ N ☐
If yes, record details: _____
_____

Resource utilisation
How many times has the participant
Visited the GP ☐☐ Visited A&E ☐☐ Admitted to hospital ☐☐
If admitted to hospital:
Date of admission: ☐☐-☐☐☐-☐☐☐☐
Date of discharge: ☐☐-☐☐☐-☐☐☐☐
How many blood transfusions: ☐☐
If any date of transfusion: ☐☐-☐☐☐-☐☐☐☐
Total units: ☐☐
Date of second transfusion: ☐☐-☐☐☐-☐☐☐☐
Total units ☐☐
Has the participant had any scans or X-rays: Y ☐ N ☐
If yes, please provide details of scan or X-ray:
_____

FIRST LINE WEEK 4 POST EOT (2)

PID#_____ Date of Visit _____

Storage Sample collected? N ☐ or
EDTA Plasma – 10ml
Size of tubes ☐☐.☐ Number of tubes ☐☐ Time ☐☐:☐☐
Date specimen obtained: ☐☐-☐☐☐-☐☐☐☐

Lab results required- tick if collected
HCV VL ☐
POC IL28 test? Y ☐ N ☐ N/A ☐
Result: IL28 CC ☐ IL28 CT ☐ IL28 TT ☐ No result ☐

Sign:_____ Date: _____

FIRST LINE WEEK 8 POST EOT (1)

PID#_____ Date of Visit _____

Since the last visit
Any Serious/adverse event? Y ☐ N ☐
If yes, symptoms/diagnosis:_____
_____
Change in conmeds? Y ☐ N ☐
If yes, record details: _____
_____

Resource utilisation
How many times has the participant
Visited the GP ☐☐ Visited A&E ☐☐ Admitted to hospital ☐☐
If admitted to hospital:
Date of admission: ☐☐-☐☐☐-☐☐☐☐
Date of discharge: ☐☐-☐☐☐-☐☐☐☐
How many blood transfusions: ☐☐
If any date of transfusion: ☐☐-☐☐☐-☐☐☐☐
Total units: ☐☐
Date of second transfusion: ☐☐-☐☐☐-☐☐☐☐
Total units ☐☐
Has the participant had any scans or X-rays: Y ☐ N ☐
If yes, please provide details of scan or X-ray:
_____

FIRST LINE WEEK 8 POST EOT (2)

PID#_____ Date of Visit _____

Storage Sample collected? N ☐ or
EDTA Plasma – 10ml
Size of tubes ☐☐.☐ Number of tubes ☐☐ Time ☐☐:☐☐
Date specimen obtained: ☐☐-☐☐☐-☐☐☐☐

Lab results required- tick if collected
HCV VL ☐
POC IL28 test? Y ☐ N ☐ N/A ☐
Result: IL28 CC ☐ IL28 CT ☐ IL28 TT ☐ No result ☐

Sign:_____ Date: _____

FIRST LINE WEEK 12 POST EOT (1)

PID#_____ Date of Visit _____

Clinical Information
Weight: _____

Since the last visit
Any Serious/adverse event? Y ☐   N ☐
If yes, symptoms/diagnosis:_____

_____

Change in conmeds?   Y ☐   N ☐
If yes, record details: _____

_____

Pregnancy
Is pt. woman of childbearing potential   Y ☐   N ☐
If yes was a pregnancy test done   Y ☐   N ☐
If no, reason_____
If yes, date of test: ☐☐-☐☐☐-☐☐☐☐
Result of pregnancy test: Positive ☐   Negative ☐
*If positive a SAE needs to be completed
If pt. male has their partner become pregnant?   Y ☐   N ☐
If yes, has the partner been given the pregnancy PIL? Y ☐   N ☐
Comments_____

Storage Sample collected? N ☐ or
EDTA Plasma – 20ml
Size of tubes☐☐.☐ Number of tubes☐☐ Time ☐☐:☐☐
Date specimen obtained: ☐☐-☐☐☐-☐☐☐☐

FIRST LINE WEEK 12 POST EOT (2)

PID#_____ Date of Visit _____

Resource utilisation
How many times has the participant
Visited the GP☐☐ Visited A&E☐☐ Admitted to hospital☐☐
If admitted to hospital:
Date of admission: ☐☐-☐☐☐-☐☐☐☐
Date of discharge: ☐☐-☐☐☐-☐☐☐☐
How many blood transfusions: ☐☐
If any date of transfusion: ☐☐-☐☐☐-☐☐☐☐
Total units: ☐☐
Date of second transfusion: ☐☐-☐☐☐-☐☐☐☐
Total units   ☐☐
Has the participant had any scans or X-rays: Y ☐   N ☐
If yes, please provide details of scan or X-ray:

_____

Lab results required- tick if collected
HCV VL   ☐   Haematology   ☐
Biochemistry ☐
POC IL28 test?   Y ☐   N ☐   N/A ☐
Result: IL28 CC ☐   IL28 CT ☐   IL28 TT ☐   No result ☐

Questionnaires
Form 05 –EQ-5D   ☐
Form 06 – MOSCOG   ☐
Form 07 – SF-12   ☐

Sign:_____ Date: _____

FIRST LINE WEEK 24 POST EOT (1)

PID#_____ Date of Visit _____

Clinical Information
Weight: _____

Since the last visit
Any Serious/adverse event? Y ☐   N ☐
If yes, symptoms/diagnosis:_____

_____

Change in conmeds?   Y ☐   N ☐
If yes, record details: _____

_____

Pregnancy
Is pt. woman of childbearing potential   Y ☐   N ☐
If yes was a pregnancy test done   Y ☐   N ☐
If no, reason_____
If yes, date of test: ☐☐-☐☐☐-☐☐☐☐
Result of pregnancy test: Positive ☐   Negative ☐
*If positive a SAE needs to be completed
If pt. male has their partner become pregnant?   Y ☐   N ☐
If yes, has the partner been given the pregnancy PIL? Y ☐   N ☐
Comments_____

Storage Sample collected? N ☐ or
EDTA Plasma – 10ml
Size of tubes☐☐.☐ Number of tubes☐☐ Time ☐☐:☐☐
Date specimen obtained: ☐☐-☐☐☐-☐☐☐☐

FIRST LINE WEEK 24 POST EOT (2)

PID#_____ Date of Visit _____

Resource utilisation
How many times has the participant
Visited the GP☐☐ Visited A&E☐☐ Admitted to hospital☐☐
If admitted to hospital:
Date of admission: ☐☐-☐☐☐-☐☐☐☐
Date of discharge: ☐☐-☐☐☐-☐☐☐☐
How many blood transfusions: ☐☐
If any date of transfusion: ☐☐-☐☐☐-☐☐☐☐
Total units: ☐☐
Date of second transfusion: ☐☐-☐☐☐-☐☐☐☐
Total units   ☐☐
Has the participant had any scans or X-rays: Y ☐   N ☐
If yes, please provide details of scan or X-ray:

_____

Lab results required- tick if collected
HCV VL   ☐   Haematology   ☐
Biochemistry ☐
If HIV infected:
HIV VL   ☐   CD4+ cell count   ☐
POC IL28 test?   Y ☐   N ☐   N/A ☐
Result: IL28 CC ☐   IL28 CT ☐   IL28 TT ☐   No result ☐

Sign:_____ Date: _____