



Attach Participant ID label

Visit Date:

Enrolment must take place within 180 days of a Fibroscan or biopsy indicating mild disease and within 60 days of screening blood test results (except CD4+ cell count which must be within 1 year if HIV infected).

Return completed CRFs by secure email to mrctu.stophcv1@ucl.ac.uk or by fax 0207 670 4817.

If the participant is not eligible or will not be enrolled, please still submit this completed form.

A. INCLUSION CRITERIA	Yes	No
<p>All questions A1-A9 must be answered "yes" or "not applicable" for the participant to be eligible.</p>		
<p>1a. Has the participant initialled all the mandatory boxes, ticked one of each optional box, and signed the informed written consent form?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. What was the date of consent? <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/></p>		
<p>2. Aged ≥18 years</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Infected with HCV genotype 1a or 1b or 4 with access to first-line treatment appropriate for their genotype (ombitasvir/paritaprevir/(dasabuvir)/ritonavir or glecaprevir/pibrentasvir) At least one detectable viremia 6 months prior to randomisation (by quantitative HCV RNA, qualitative assay or HCV genotype), with no intervening undetectable results</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Plasma HCV RNA >LLOQ at screening</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. No evidence of significant liver fibrosis resulting from any aetiology (defined as Fibroscan score ≤7.1kPa, equivalent to F0-F1, within 180 days prior to randomisation, or biopsy consistent with mild fibrosis (Ishak score ≤2/6) within 180 days prior to randomisation)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. BMI ≥18kg/m²</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Laboratory tests: platelets ≥60x10⁹/L, haemoglobin >12g/dL (male) or >11g/dL (female), creatinine clearance (estimated using Cockcroft-Gault) ≥60mL/min, international normalised ratio (INR) <1.5</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8a. Screening HCV viral load <10,000,000IU/mL (less than 10 million IU/mL)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. Date of HCV viral load result: <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/></p>		
<p>c. HCV viral load result (IU/mL): <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/></p>		
<p>d. Type of assay used:</p> <p><input type="checkbox"/> Cobas Amplicor v2 (Roche)</p> <p><input type="checkbox"/> Realtime HCV (Abbott)</p> <p><input type="checkbox"/> Aptima QuantDX (Hologic)</p> <p><input type="checkbox"/> Versant HCV assay v2 (Siemens)</p> <p><input type="checkbox"/> Other</p> <p>e. Please specify _____</p>		
<p>9. If HIV infected, is the participant on antiretroviral therapy with HIV viral load <50 copies/mL for >24 weeks at the screening visit?</p> <p style="text-align: right;"><input type="checkbox"/> Not applicable</p>	<input type="checkbox"/>	<input type="checkbox"/>



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B. EXCLUSION CRITERIA	Yes	No
<p>☞ All questions B1-B13 must be answered "no" for the participant to be eligible.</p>		
<p>1. Previous DAA exposure for this infection (previous treatment with pegylated-interferon and/or ribavirin allowed. DAA treatment for a previously cured infection allowed)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. The patient is a woman who is lactating, or pregnant, or planning to become pregnant, or not willing to use effective contraception during the study and for 4 months after last dose of study medication</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. The patient is a woman currently taking ethinyl-oestradiol-containing medicinal products such as those contained in most combined oral contraceptives or contraceptive vaginal rings</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. The patient is a man who is planning pregnancy with a female partner, or not willing to use effective contraception during the study and for 7 months after last dose of study medication</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Malignancy within 5 years prior to screening</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Any condition in the judgement of the investigator which might limit the patient's life expectancy</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Currently receiving medication known to interact with study medication (ombitasvir, paritaprevir, dasabuvir, ritonavir, sofosbuvir, ledipasvir, ribavirin, glecaprevir, pibrentasvir)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Disorder which may cause ongoing liver disease including, but not limited to, active hepatitis B, ongoing alcohol misuse</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. Any disorder which in the opinion of the investigator may have a significant negative impact on the ability of the patient to adhere to the trial regimen</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Use of other investigational products within 60 days of screening</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Known hypersensitivity to any active ingredient and/or excipients of the study medicines as listed in the protocol</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. History of severe pre-existing cardiac disease, including unstable or uncontrolled cardiac disease, in the previous six months</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13. Haemoglobinopathies (e.g., thalassemia, sickle-cell anaemia)</p>	<input type="checkbox"/>	<input type="checkbox"/>

C. OPTIONAL CONSENT ITEMS	Yes	No
<p>☞ Please record the participant's answers to the optional items on the consent form.</p>		
<p>1. I agree that my GP can be told that I am taking part in this study and that my GP can be contacted about my wellbeing.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. I agree to have the clinic test for the IL-28 gene, the clinic will inform me of the result when possible.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. I agree that my stored blood samples can be used for human genetic testing relating to Hepatitis C infection. I understand that I will not be given the results of tests performed on stored samples. These samples will be securely stored with no names or identifiers other than my study number and initials for 30 years and may be sent and used for testing outside of the EU. After the 30 years all specimens will be destroyed.</p>	<input type="checkbox"/>	<input type="checkbox"/>



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Visit Date:

d	d	m	m	m	y	y	y	y
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D. ELIGIBILITY OUTCOME

1. Is the participant eligible for enrolment into the STOP-HCV-1 study? Yes No **If no, stop here, sign below and submit the form**

2a. Will the **eligible** participant be enrolled into the STOP-HCV-1 study? Yes No

b. If No, please specify why the participant will not be enrolled, sign below and submit the form: _____

E. ON DAY OF RANDOMISATION (Day 0)

Please ensure Form 01 - Screening and Form 02 - Laboratory Results have been submitted.

If the participant is a woman of childbearing potential, please ensure a negative urine pregnancy test has been done prior to randomisation.

1a. When does the participant intend to take their first dose?

d	d	m	m	m	y	y	y	y
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b. Approximate time:

h	h	:	m	m
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 (use 24 clock)

2. What first-line treatment will the participant be prescribed?

Viekirax (ombitasvir/paritaprevir/ritonavir) and Exviera (dasabuvir) with or without weight-based Ribavirin (genotype 1a/1b only)

Viekirax (ombitasvir/paritaprevir/ritonavir) with or without weight-based Ribavirin (genotype 4 only)

Maviret (glecaprevir/pibrentasvir) with or without weight-based Ribavirin (genotype 1a/1b and 4)

F. RANDOMISATION

Please call MRC CTU now to randomise the participant. You will need their NHS number.

1. Which group has the participant been randomised to?

a. **Tick one**

Fixed first line (56 days)

Varying first line for b.

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 days

c. **Tick one**

With weight-based ribavirin

Without weight-based ribavirin

2. Enrolment number:

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Following randomisation, please complete a prescription for first-line treatment and add prescribed drugs to Form 09 - Trial Drug Log.

Please offer the participant a Diary card.

If randomised on a Friday, please ensure the participant has site contact numbers.

Signature: _____

Printed Name: _____

Date Completed:

d	d	m	m	m	y	y	y	y
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Please return by secure email to mrcctu.stophcv1@ucl.ac.uk or by fax 0207 670 4817

For office use only:

Date form received at CTU: dd - mmm - yyyy

Date form entered onto database: dd - mmm - yyyy

Initials of data enterer:

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