



Attach Participant ID label

Date failure confirmed:

d	d	m	m	m	y	y	y	y
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- To be completed for every participant that fails first-line treatment as specified in the protocol (confirmed treatment failure).
- Return completed CRFs and original HCV viral load results by secure email to mrctu.stophcv1@ucl.ac.uk or by fax 0207 670 4817.

1a. Which of the following treatment failure criteria did the participant meet?
Please select one and record results as specified.

Two consecutive measurements of HCV RNA >lower level of quantification (LLOQ) (taken at least one week apart) after two consecutive visits with HCV RNA <LLOQ at any time with the latter confirmatory measurement also being >2000 IU/ml.

b. Record first of two detectable viral load results: **Date specimen obtained:**

d	d	m	m	m	y	y	y	y
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Result (IU/ml):

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Two consecutive measurements of HCV RNA (taken at least one week apart) that are >1 log₁₀ increase above HCV RNA nadir on treatment and >2000 IU/ml at any time.

d. Record first of two detectable viral load results: **Date specimen obtained:**

d	d	m	m	m	y	y	y	y
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f. Record nadir on treatment: **Date specimen obtained:**

d	d	m	m	m	y	y	y	y
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2. Record confirmatory viral load result, taken at least one week after first viral load meeting failure criteria:

Date specimen obtained:

d	d	m	m	m	y	y	y	y
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Result (IU/ml):

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 b.

3a. Is this the participant's first treatment failure on DAAs? Yes No

b. If yes, what is the planned start date of re-treatment?

d	d	m	m	m	y	y	y	y
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c. If this date is more than 2 weeks after confirmatory failure of treatment, record reason: _____

4. In your view, did any of the following play a role in treatment failure?

a. Incomplete adherence Yes No

b. Adverse events Yes No

c. Other Yes No

d. If other; please specify _____

Signature:	Printed Name:	Date Completed: <table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	m	y	y	y	y
d	d	m	m	m	y	y	y	y			

Please return by secure email to: mrctu.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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