

**RETREATMENT WEEK 0 (1)**

PID# \_\_\_\_\_ Date of Visit \_\_\_\_\_

**Clinical Information**

Weight: \_\_\_\_\_ kg

**Since the last visit**Any Serious/adverse event? Y  N 

If yes, symptoms/diagnosis: \_\_\_\_\_

Change in conmeds? Y  N 

If yes, record details: \_\_\_\_\_

**Storage Sample collected?** N  or

EDTA Plasma-10ml

Size of tubes .  Number of tubes  Time : Date specimen obtained: --**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: \_\_\_\_\_

**RETREATMENT WEEK 2 FOLLOW-UP VISIT ON TREATMENT (1)**

PID# \_\_\_\_\_ Date of Visit \_\_\_\_\_

**Since the last visit**Has the participant stopped, re-started, changed dose or frequency of any study drug Y  N **If yes, please update trial drug log (Form-09)**Any missed doses Y  N 

If yes details of missed drug/s (number of missed doses and number of prescribed doses in the last 7 days): \_\_\_\_\_

Last once daily pill: --Time: : Last twice daily pill: --Time: : Any Serious/adverse event? Y  N 

If yes, symptoms/diagnosis: \_\_\_\_\_

Change in conmeds? Y  N 

If yes, record details: \_\_\_\_\_

**Storage Sample collected?** N  or

EDTA Plasma-10ml

Size of tubes .  Number of tubes  Time : Date specimen obtained: --**RETREATMENT WEEK 0 (2)**

PID# \_\_\_\_\_ Date of Visit \_\_\_\_\_

**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: \_\_\_\_\_

**Questionnaires**Form 05 -EQ-5D Form 06 - MOSCOG Form 07 - SF-12 **Next visit:**Date of next visit: --**Lab results required-** tick if collectedHCV VL  Haematology Biochemistry  Coagulation markers 

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: \_\_\_\_\_

**RETREATMENT WEEK 2 FOLLOW-UP VISIT ON TREATMENT (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: \_\_\_\_\_

**Next visit:**Date of next visit: --**Lab results required-** tick if collectedHCV VL  Haematology Biochemistry POC IL28 test? Y  N  N/A Result: IL28 CC  IL28 CT  IL28 TT  No result 

Sign: \_\_\_\_\_ Date: \_\_\_\_\_