

**RETREATMENT WEEK 4 FOLLOW-UP VISIT
ON TREATMENT (1)**



PID# _____ Date of Visit _____

Clinical Information

Weight: _____ kg

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: _____

Since the last visit

Any Serious/adverse event? Y N

If yes, symptoms/diagnosis: _____

Change in conmeds? Y N

If yes, record details: _____

**RETREATMENT WEEK 4 FOLLOW-UP VISIT
ON TREATMENT (3)**



PID# _____ Date of Visit _____

Storage Sample collected? N or

EDTA Plasma-10ml

Size of tubes . Number of tubes Time :

Date specimen obtained: --

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: _____

Next visit:

Date of next visit: --

Sign: _____ Date: _____

**RETREATMENT WEEK 4 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: _____

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