

**RETREATMENT WEEK 8 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: \_\_\_\_\_

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 8 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 collected

HCV VL  Haematology

Biochemistry

POC IL28 test? Y  N  N/A

Result: IL28 CC  IL28 CT  IL28 TT  No result

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