

RETREATMENT WEEK 4 POST EOT (1)



PID# _____ Date of Visit _____

Clinical Information

Weight: _____

Since the last visit

Any Serious/adverse event? Y N

If yes, symptoms/diagnosis: _____

Change in conmeds? Y N

If yes, record details: _____

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 4 POST EOT (2)



PID# _____ Date of Visit _____

Storage Sample collected? N or

EDTA Plasma – 10ml

Size of tubes . Number of tubes Time :

Date specimen obtained: --

Lab results required- tick if collected

HCV VL

POC IL28 test? Y N N/A

Result: IL28 CC IL28 CT IL28 TT No result

Sign: _____ Date: _____

RETREATMENT WEEK 8 POST EOT (1)



PID# _____ Date of Visit _____

Since the last visit

Any Serious/adverse event? Y N

If yes, symptoms/diagnosis: _____

Change in conmeds? Y N

If yes, record details: _____

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 8 POST EOT (2)



PID# _____ Date of Visit _____

Storage Sample collected? N or

EDTA Plasma – 10ml

Size of tubes . Number of tubes Time :

Date specimen obtained: --

Lab results required- tick if collected

HCV VL

POC IL28 test? Y N N/A

Result: IL28 CC IL28 CT IL28 TT No result

Sign: _____ Date: _____

RETREATMENT WEEK 12 POST EOT (1)



PID# _____ Date of Visit _____

Clinical Information

Weight: _____

Since the last visit

Any Serious/adverse event? Y N

If yes, symptoms/diagnosis: _____

Change in conmeds? Y N

If yes, record details: _____

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: _____

Storage Sample collected? N or

EDTA Plasma – 10ml

Size of tubes . Number of tubes Time :

Date specimen obtained: --

RETREATMENT WEEK 24 POST EOT (1)



PID# _____ Date of Visit _____

Clinical Information

Weight: _____

Since the last visit

Any Serious/adverse event? Y N

If yes, symptoms/diagnosis: _____

Change in conmeds? Y N

If yes, record details: _____

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: _____

Storage Sample collected? N or

EDTA Plasma – 10ml

Size of tubes . Number of tubes Time :

Date specimen obtained: --

RETREATMENT WEEK 12 POST EOT (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

Questionnaires

Form 05 –EQ-5D

Form 06 – MOSCOG

Form 07 – SF-12

Sign: _____ Date: _____

RETREATMENT WEEK 24 POST EOT (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

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: _____