Basal Data Sheet

Patient study code: Prescribed regimen:

Sex Age

Comorbidities:

HTN:

DM : if yes glycated:

History of HCC:

HCV RNA ☐ Negative ☐ positive

Lab Values:

ALT: AST: WBCS: HgB:

BIL: Albumin: S.Cr.:

AFP: INR: Platelets:

US:

Cirrhosis ☐ Negative ☐ positive

MRI or Triphasic CT If applicable

EOT Sheet

Follow-up of treated patients Wk 12

Date : ___/___/_____ Physician Name : _____ Patient ID : _____

Issue no : _____ Centre ID : _____

Clinical, Lab FUP

HCV RNA ☐ Neg ☐ Pos Quant : _____ IU / ml Limit of det : _____

ALT (IU/L) : _____ / _____ AST (IU/L) : _____ / _____ Total bilirubin (mg/dl): _____

WBCx10^3/mm^3 : _____ ANC X10^3 / mm^3 : _____ Hb (g/dl) : _____ Plateletsx 10^3 / mm^3 : _____

PC : _____% INR : _____ Albumin (g/dl) : _____

Blood sample storage ☐ Yes* ☐ No * If Yes, specify the ID sample : _____

Presence of side effects :

☐ Hematological : ☐ anemia ☐ others, _____

☐ Dermatological ☐ rash ☐ others, _____

☐ Hepatic ☐ jaundice ☐ ascites ☐ encephalopathy ☐ hematemesis

☐ Others : _____

TREATMENT

Decision to : ☐ Continue with the same treatment ☐ Stop treatment (1)

☐ Change RBV dose to : _____ mg

Additional ☐ specify, _____

(1) If stop treatment, specify the reason why :

☐ Serious adverse event* ☐ Too many adverse events ☐ Others, specify : _____

* An adverse event is called "serious" if it requires admitting the patient to the hospital (please fill the NCCVH SAE form on line (ask for URL if not obtained) .

Week 12 Viral load ☐ negative ☐ positive

SVR 12 sheet

Follow-up of treated patients Wk 24

Date : ___/___/_____ Physician Name : _____ Patient ID : _____

Issue no.: _____ Centre ID : _____

Clinical, Lab FUP

HCV RNA ☐ Neg ☐ Pos Quant : _____ IU / ml Limit of det : _____

ALT (IU/L) : _____ / _____ AST (IU/L) : _____ / _____ Total bilirubin (mg/dl): _____

WBCx10^3/mm^3 : _____ ANC X10^3 / mm^3 : _____ Hb (g/dl) : _____ Plateletsx 10^3 / mm^3 : _____

PC : _____% INR : _____ Albumin (g/dl) : _____

Blood sample storage ☐ Yes* ☐ No * If Yes, specify the ID sample : _____

Presence of side effects :

☐ Hematological : ☐ anemia ☐ others, _____

☐ Dermatological ☐ rash ☐ others, _____

☐ Hepatic ☐ jaundice ☐ ascites ☐ encephalopathy ☐ hematemesis

☐ Others : _____

TREATMENT

Decision to : ☐ Continue with the same treatment ☐ Stop treatment (1)

☐ Change RBV dose to : _____ mg

Additional ☐ specify, _____

(1) If stop treatment, specify the reason why :

☐ Serious adverse event* ☐ Too many adverse events ☐ Others, specify : _____

* An adverse event is called "serious" if it requires admitting the patient to the hospital (please fill the NCCVH SAE form on line (ask for URL if not obtained) .

Week 24 Viral load ☐ negative ☐ positive