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| **Form F**  **HIV/HCV Co-infected Population**  **Patient Treatment Information Form – Post Treatment** | |
|  | | |
| Patient Unique ID: |
| Date of data collection: **/    /** |
| Week 4 – Post Treatment  HCV RNA Date: **/    /**  HCV RNA Value:  Number of clinics visits since end of treatment:  List support services (nursing, groups, mental health, etc.) since end of treatment:  List outside referral (specialists, radiologic testing, etc.) since end of treatment: |
| Week 12 – Post Treatment  HCV RNA Date: **/    /**  HCV RNA Value:  Number of clinics visits since week 4 – Post Treatment:  List support services (nursing, groups, mental health, etc.) since week 4 – Post Treatment:  List outside referral (specialists, radiologic testing, etc.) since week 4 – Post Treatment: |
| Week 24 – Post Treatment  HCV RNA Date: **/    /**  HCV RNA Value:  Number of primary care visits since week 12 – Post Treatment:  List support services (nursing, groups, mental health, etc.) since week 12 – Post Treatment:  List specialty visits (specialists, radiologic testing, etc.) since week 12 – Post Treatment: |

**File Naming Instructions: ClinicName\_UniqueID\_F (Example: USF\_1234\_F)**

**Clinic Name should be shortened name previously provided to your site.**

**Unique ID is a unique number that you assign and consistently use for this patient.**