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| **Form F****HIV/HCV Co-infected Population****Patient Treatment Information Form – Post Treatment** |
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| 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.**