

USF ETAC
Hepatitis C Treatment Expansion Initiative
Data Collection Form

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.