

Patient's National Code		Hepatitis C Cure Program (Hep CC) in Iran				Center Code
1	<b>Patients' Characteristics</b>					
	Name: .....		Family: .....		Gender: Male <input type="checkbox"/> / Female <input type="checkbox"/> / Birth Date: .....	(year/month/day)
	Province: .....	City: .....	Tel (Phone and Mobile): .....		Physician name: .....	Date of Registration: .....
						(year/month/day)
2	<b>Risk Factors</b>					
	Hx of Transfusion: <input type="checkbox"/> / Hx of Addiction: <input type="checkbox"/> / Other: .....					
3	<b>Special Patients</b>					
	Hemodialysis patients <input type="checkbox"/>		Hemophilia <input type="checkbox"/>		Thalassemia <input type="checkbox"/>	Kidney Transplant <input type="checkbox"/>
	Liver Transplantation <input type="checkbox"/>		Candidate for Liver Transplantation <input type="checkbox"/>		Hepatocellular Carcinoma <input type="checkbox"/>	
4	<b>History of Previous Treatment:</b>					
	Treatment Naïve <input type="checkbox"/> / Treatment Experienced <input type="checkbox"/> / (PEG-IFN-RBV <input type="checkbox"/> / Interferon-DAA <input type="checkbox"/> / Interferon Free <input type="checkbox"/> )					
5	<b>Cirrhosis Status</b>					
	Method of Cirrhosis Evaluation:		No Cirrhosis <input type="checkbox"/>		Compensated Cirrhosis <input type="checkbox"/>	Decompensated Cirrhosis <input type="checkbox"/>
	Clinical Observations:		Fibroscan <input type="checkbox"/>		Liver Biopsy <input type="checkbox"/>	APRI <input type="checkbox"/>
	Fibroscan:		Ascites <input type="checkbox"/>		Encephalopathy <input type="checkbox"/>	Clinical Observation <input type="checkbox"/>
	LS: .....		CAP: .....		F: .....	Esophageal Varices <input type="checkbox"/>
			Liver biopsy: Stage: .....		Grade: .....	
6	<b>Co Infection</b>					
	HBc Antibody: Positive <input type="checkbox"/> / Negative <input type="checkbox"/>		HBs Antigen: Positive <input type="checkbox"/> / Negative <input type="checkbox"/>		HIV Antibody: Positive <input type="checkbox"/> / Negative <input type="checkbox"/>	
7	<b>HCV Diagnosis</b>					
	HCV RNA Quantification: Positive <input type="checkbox"/> / Negative <input type="checkbox"/> / HCV viral load (IU/ml): .....					HCV genotype & subtype: .....
8	<b>Baseline Laboratory Data</b>					
	Hb (g/dl): .....		WBC (n/μL): .....		Plt (n/μL): .....	PT (Sec): .....
	ALT (IU/L): .....		Bili D (mg/dl): .....		Bili T (mg/dl): .....	AFP: .....
					Cr (mg/dl): .....	AST (IU/L): .....
					ALB (g/dl): .....	
9	<b>Treatment Protocol</b>					
	Starting Date: .....		Treatment Duration: Planned Ending Date: .....			
	Treatment Regimen: RBV: Yes <input type="checkbox"/> , No <input type="checkbox"/>		SOF <input type="checkbox"/>		SOF-PEG-IFN <input type="checkbox"/>	
					SOF-LDV <input type="checkbox"/>	
					SOF-DCV <input type="checkbox"/>	
					SOF-VEL <input type="checkbox"/>	
	Company Name: Sobhan Daru <input type="checkbox"/> / Tosee Danesh <input type="checkbox"/> / Rojan <input type="checkbox"/> / Bakhtar Biochemistry <input type="checkbox"/> / Abidi <input type="checkbox"/> / Gilead <input type="checkbox"/> / Gilead+BMS <input type="checkbox"/> / Other: .....					
10	<b>Response to Treatment</b>					
	HCV RNA Quantification: 4 weeks on therapy (Pos <input type="checkbox"/> / Neg <input type="checkbox"/> ) / End of Treatment (Pos <input type="checkbox"/> / Neg <input type="checkbox"/> ) / 12 weeks after Ending Tx (Pos <input type="checkbox"/> / Neg <input type="checkbox"/> )					
	Any Reason for Treatment Discontinuation: Death <input type="checkbox"/> / Loss to Follow-up <input type="checkbox"/> / Adverse Event <input type="checkbox"/> / Other: .....					
	Adverse Event: None <input type="checkbox"/> / Headache <input type="checkbox"/> / Nausea <input type="checkbox"/> / Vomiting <input type="checkbox"/> / Fatigue <input type="checkbox"/> / Diarrhea <input type="checkbox"/> / Dyspnea <input type="checkbox"/> / Rash <input type="checkbox"/> / Insomnia <input type="checkbox"/> / Thrombocytopenia <input type="checkbox"/>					
	Other: .....					

Comment: .....