

Patient Name:
Telephone:

UHS#

DOB:

Yr/Wk	Base														
month															
Day															
WBC															
Hgb															
Platelet															
ALT															
Quant PCR															
LOG															
Sovaldi															
Pegasys															
Copegus															

Baseline:

Genotype ____ TSH ____ US Liver Date: Result:

Liver Biopsy Date: Grade ____ Stage ____

Prior treatment for Hep C: Date, type, result