

8 week Lab Tracking Form
General Patient Information

Name: _____
 DOB: ____/____/____
 MRN: _____
 Phone #: _____
 Treatment Start Date: _____

Pre-Treatment Lab Results

HCV RNA: _____ PHQ-9: _____
 Genotype: _____ HIV: _____ TSH: _____
 Vit D 25OH: _____ AFP: _____ GFR*: _____
 PT/INR: _____ A1C/Glucose: _____

Medication Regimen

Completed Treatment Week	Lab Date	Hgb	Hct	WBC	PLT	ALT	AST	Alk Phos	Total Bili	Creat/GFR	HCV RNA (Specified weeks)	Weight (kg)	Pregnancy Test
Pre-Treatment													
Treatment Start Week 0											HCV RNA		
<i>optional</i>													
<i>optional</i>													
<i>optional</i>													
Week 4											HCV RNA		
<i>optional</i>													
<i>optional</i>													
Week 8											HCV RNA		
<i>optional</i>													
3 months post treatment											HCV RNA		

Labs recommended for each follow up visit: CBC, CMP, pregnancy test (females of childbearing age), and HCV RNA as specified.

***GFR <30** If GFR is <30, do not start treatment; consult with Liver Disease Specialist.