





HEPATITIS C AGENTS
Note: Form must be completed in full.
An incomplete form may be returned.



Recipient's Full Name

Grid for recipient's full name

- 6. Has the patient recently been tested for Hepatitis B Virus infection?
7. Does the recipient have hepatocellular carcinoma?
8. Is the recipient HIV co-infected?
9. Liver transplant?
10. Indicate HCV RNA level: (Must submit lab results within the past six months for baseline.)

Table with 3 columns: Treatment week, Log10, Date Measured. Row 1: Pre-treatment baseline

- 11. Has the recipient committed to the documented planned course of treatment...
12. For ribavirin therapy: If the patient is a female of childbearing potential...
13. Has recipient abstained from illicit drugs and/or alcohol consumption for a minimum of 1 month?

OR

- 14. Is the recipient receiving substance or alcohol abuse counseling services?

By signing below, the prescriber attests that all statements provided are accurate.

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REQUIRED FOR REVIEW: All copies of medical records (e.g., diagnostic evaluations and recent chart notes) and the most recent copies of related labs. The provider must retain copies of all documentation for five years.

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