



## Dose Change

Patient ID \_\_\_ - \_\_\_ ID \_\_\_ - \_\_\_

**Instructions:**

Complete one line for each prescribed dose change (reduction or increase) in one or both study medications. Record the newly prescribed dose for one or both study medications.

If only one study medication has been changed, record the current dose of the other study medication.

The Date of Change is the date that the first changed dose is taken.

If a Dose Reduction, record the reason for the dose reduction, otherwise leave that column blank.

Date of Change (mm/dd/yy)	Tenofovir DF Prescribed Dose	Peginterferon Prescribed Dose	Reason for Dose Reduction (check all that apply)	System ID
<b>DCHM/D/Y</b>	1 <input type="checkbox"/> 300 mg daily 2 <input type="checkbox"/> 300 mg q 48 hrs 3 <input type="checkbox"/> 300 mg q 72 hrs 4 <input type="checkbox"/> 300 mg q 96 hrs 5 <input type="checkbox"/> Discontinued <p style="text-align: center;"><b>TENDOSE</b></p>	1 <input type="checkbox"/> 180 µg 2 <input type="checkbox"/> 135 µg 3 <input type="checkbox"/> 90 µg 4 <input type="checkbox"/> 45 µg 5 <input type="checkbox"/> Discontinued <p style="text-align: center;"><b>PEGDOSE</b></p>	<input type="checkbox"/> CrCl ≥ 30 - 50 ml/min <b>DRCR50</b> <input type="checkbox"/> CrCl < 30 ml/min <b>DRCR30</b> <input type="checkbox"/> Reduction in platelet count <b>DRPLAT</b> <input type="checkbox"/> Reduction in neutrophil count <b>DRNEUT</b> <input type="checkbox"/> Lab result (other than platelet or neutrophil) <b>DRLAB</b> <input type="checkbox"/> Adverse reaction (complete AE form) <b>DRAE</b> <input type="checkbox"/> Emotional symptoms <b>DRSYMP</b> <input type="checkbox"/> Pregnant <b>DRPREG</b> <input type="checkbox"/> Patient preference <b>DRPATNT</b> <input type="checkbox"/> Other, <b>DROTH</b> specify: <b>DROTHS</b>	<b>SYSID</b>
___/___/___	1 <input type="checkbox"/> 300 mg daily 2 <input type="checkbox"/> 300 mg q 48 hrs 3 <input type="checkbox"/> 300 mg q 72 hrs 4 <input type="checkbox"/> 300 mg q 96 hrs 5 <input type="checkbox"/> Discontinued	1 <input type="checkbox"/> 180 µg 2 <input type="checkbox"/> 135 µg 3 <input type="checkbox"/> 90 µg 4 <input type="checkbox"/> 45 µg 5 <input type="checkbox"/> Discontinued	<input type="checkbox"/> CrCl ≥ 30 - 50 ml/min <input type="checkbox"/> CrCl < 30 ml/min <input type="checkbox"/> Reduction in platelet count <input type="checkbox"/> Reduction in neutrophil count <input type="checkbox"/> Lab result (other than platelet or neutrophil) <input type="checkbox"/> Adverse reaction (complete AE form) <input type="checkbox"/> Emotional symptoms <input type="checkbox"/> Pregnant <input type="checkbox"/> Patient preference <input type="checkbox"/> Other, specify: _____	
___/___/___	1 <input type="checkbox"/> 300 mg daily 2 <input type="checkbox"/> 300 mg q 48 hrs 3 <input type="checkbox"/> 300 mg q 72 hrs 4 <input type="checkbox"/> 300 mg q 96 hrs 5 <input type="checkbox"/> Discontinued	1 <input type="checkbox"/> 180 µg 2 <input type="checkbox"/> 135 µg 3 <input type="checkbox"/> 90 µg 4 <input type="checkbox"/> 45 µg 5 <input type="checkbox"/> Discontinued	<input type="checkbox"/> CrCl ≥ 30 - 50 ml/min <input type="checkbox"/> CrCl < 30 ml/min <input type="checkbox"/> Reduction in platelet count <input type="checkbox"/> Reduction in neutrophil count <input type="checkbox"/> Lab result (other than platelet or neutrophil) <input type="checkbox"/> Adverse reaction (complete AE form) <input type="checkbox"/> Emotional symptoms <input type="checkbox"/> Pregnant <input type="checkbox"/> Patient preference <input type="checkbox"/> Other, specify: _____	