



HBV/HIV Enrollment Criteria

Patient ID ___ - ___ - ___

Date of Determination: ___ / ___ / ___

Check if rescreen:

SECTION I: INCLUSION CRITERIA

1. Patient ≥ 18 years of age	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. HIV antibody positive or history of positive HIV RNA prior to screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Hepatitis B surface antigen (HBsAg) positive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Currently receiving any type of anti-retroviral therapy for HBV or HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Patient has provided written informed consent	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION II: EXCLUSION CRITERIA

1. Estimated life expectancy of < 1 year based on clinical judgment of study physician	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. History of hepatic decompensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. History of hepatocellular carcinoma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. HCV RNA positive within 6 months prior to baseline	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. History of solid organ or bone marrow transplant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Pregnant woman	<input type="checkbox"/> Yes	<input type="checkbox"/> No or N/A
7. Contraindications to liver biopsy If No check one, <input type="checkbox"/> Biopsy will be performed as part of screening evaluation (complete the Liver Biopsy form and request slides) <input type="checkbox"/> Historical biopsy ___/___/___ (mm/dd/yy) Slides requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Unable or unwilling to return for routine follow-up	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Medical or social condition which, in the opinion of the study physician, would make the patient unsuitable for the study or interfere with or prevent follow-up per protocol If Yes, specify _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the responses to all inclusion criteria are YES and all exclusion criteria are NO, the patient is eligible to participate in the HBV/HIV Co-infected Ancillary Study.

Is the patient eligible to participate in the HBV/HIV Co-infected Ancillary Study? Yes No

Data collector initials: ___ ___
Date data collection completed (mm/dd/yy): ___ / ___ / ___