

PEDS-C TREATMENT FAILURE / REASSIGNMENT REPORT - WEEK 52

PDC 60
Rev 0
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Please Use Black Pen To Fill Out Form.

Week # <i>week</i>	Date of Assessment <i>assessdt</i>	Patient ID <i>idn</i>	Patient Letter Code <i>letcode</i>	corrfix Correction
	mm / dd / yyyy	- - - - -	- - - -	

Instructions:

Use this form for patients in the compassionate Mono / Combo therapy group with HCV-RNA test results at Week 52 to report responses to therapy and subsequent therapy changes.

Mono / Combo Therapy Group Only

1. Date of the Week 52 HCV-RNA test: mm / dd / yyyy *tf52vldt*

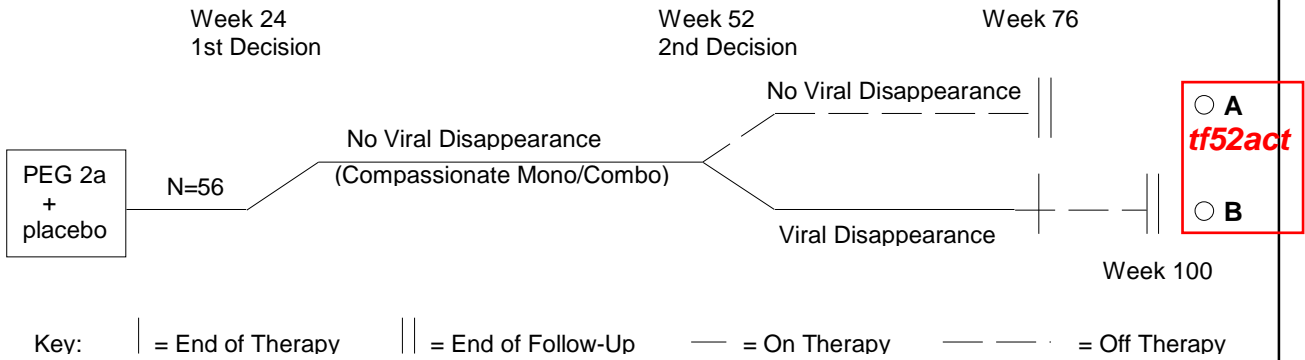
2. Did the test show viral disappearance ? Yes No *tf52vl*

If **Yes**, the patient will remain in the Mono/Combo therapy group and follow the Week 52 to Week 100 assessment schedule in Protocol Table 1B. Skip to item 4.

If **No**, stop study drug therapy and move the patient to untreated follow-up as shown in Protocol Table 1A.

3. If **No**, Date of Therapy Stop / Restart Form reporting therapy stop: mm / dd / yyyy *tf52tedt*

4. Flow diagram check on re-assignment
Please summarize the action taken by marking one flow diagram outcome (A or B).



CRA Use Only

Signature: _____

Certif. #: *staffid1* - - - -