

TREATMENT OR STUDY DISCONTINUATION FORM (DF)

DATA SECTION	COMPLETION INSTRUCTIONS
GENERAL INFORMATION	<p>The Treatment or study Discontinuation Form (DF) should be completed at the time of (1) premature discontinuation of study medications or (2) premature discontinuation of patient participation in the study.</p> <p>If participant refuses further treatment, all efforts should be made to continue study participation. Only complete this form after all attempts to maintain the patient participation have been exhausted according to protocol. <i>See Lost to Follow-up procedure, addendum to DF MOP.</i></p> <p>Patients determined to be non-responders at Treatment week 24 do not require a Treatment or Study Discontinuation Form for the discontinuation of study medication at Treatment week 24.</p> <p>Non-responders or patients who prematurely discontinue treatment but return for protocol follow-up visits through Follow-Up Week 24, do not require a Treatment or Study Discontinuation form for the discontinuation of study participation.</p>
PATIENT ID	Record the patient's ID number.
DATE	<p>Record the date (month/day/year) that this form is completed.</p> <p>SPECIFIC INSTRUCTIONS:</p> <p><u>Time period:</u> Check "Treatment" if discontinued during the Treatment phase. Check "Follow-up" if patient is discontinued during the post treatment follow-up phase.</p> <p><u>Discontinuation of study medication, study participation, or both:</u> Check "Study medication" if study medication is prematurely discontinued or "Study participation" if the patient refuses to continue to participate in the study. Check "Both" if study medication is prematurely discontinued and the patient refuses to continue study participation.</p> <p>If "Both", complete both the study medication AND study participation sections.</p> <p>STUDY MEDICATION:</p> <p><u>Reason:</u> Check the box that indicates the reason for study medication discontinuation. If "Other", specify the reason in the space provided.</p> <p><u>Last dose of ribavirin:</u> Record the date (month/day/year) and military time of the last dose of ribavirin taken by the patient.</p> <p><u>Last dose of interferon:</u> Record the date (month/day/year) and military time of the last dose of interferon taken by the patient.</p>

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	<p>STUDY PARTICIPATION:</p> <p><u>Reason</u>: Check the box that indicates the reason for study discontinuation.</p> <p>Patient on alternate therapy for treatment of hepatitis C pertains to non-responders and premature discontinuation of study medications.</p> <p><u>Date of last contact</u>: Record the date of last contact with patient.</p>