

### GROWTH FACTOR FORM (GF)

DATA SECTION	COMPLETION INSTRUCTIONS
GENERAL INFORMATION	<p>Growth factor should not be used by patients participating in the VirahepC trial at any time during the course of the study. Use of any growth factor is considered “off protocol” and will be monitored and reported with other off protocol events.</p> <p>The Growth Factor (GF) form is designed to track the use of growth factor in the event that it is prescribed by a non-study physician. If the patient begins to use growth factor or if there is a prescribed change of growth factor dose, one line of the form should be completed. Begin with page 1 for each patient and continue to add pages as needed.</p>
PATIENT ID	Record the patient's ID number.
PAGE	Record the page number. Begin with page 1 for each patient and continue to increment the page number as needed.
	<p><b>GENERAL INSTRUCTIONS:</b></p> <p>At the start of the use of a growth factor, complete one line on the form. If there is a prescribed change in dose, record the new dosing start date and medication information.</p> <p><b>SPECIFIC INSTRUCTIONS:</b></p> <p><u>Date</u>: Record the date (month/day/year) of the start of growth factor treatment and then each time the dose of growth factor changes.</p> <p><u>Blood component</u>: Check the box to indicate the type of growth factor used: red blood cells (anemia), white blood cells (neutropenia), or platelets (thrombocytopenia).</p> <p><u>Growth Factor</u>: Record the code to indicate the brand name of growth factor prescribed.</p> <p><u>Total injection dose</u>: Record the total injection (or oral) dose given to the patient at one dose.</p> <p><u>Frequency</u>: Record the code to indicate the number of times per week that the patient receives a dose of the specified growth factor.</p>