



## 5. ONGOING LAB SUBMISSION\*\*

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Submit HCV RNA:

\*\*if at any point the viral load is undetectable, prescriber not required to submit subsequent RNA test\*\*

- |   |             |
|---|-------------|
| <input type="checkbox"/> START of treatment                 | DATE: _____ |
| <input type="checkbox"/> w/in 8 weeks of starting treatment | DATE: _____ |
| <input type="checkbox"/> 12 weeks post-treatment            | DATE: _____ |
| <input type="checkbox"/> 24 weeks post-treatment            | DATE: _____ |

Sample