The national register contains information on HCV infections with known dates of acquisition/exposure, and provides a facility for the future monitoring and long term assessment of HCV infection within the UK.

No patient names are held in the HCV National Register. It is therefore very important that you retain the register number in your records and that you are able to trace the patient from either the register number or the identifier/reference number that you supply on the form (Question 1).

Ethical approval for the register has been obtained from the North Thames Multi-Centre Research Ethics Committee.

Enquiries regarding either the HCV National Register or completion of the registration form should be directed to either:

Dr Helen Harris (Register Co-ordinator)
Telephone:  020 8327 7676
Email:  helen.harris@phe.gov.uk

Ms Annastella Costella (Hepatitis Scientist)
Telephone:  020 8327 7086
Email:  annastella.costella@phe.gov.uk

---

**NATIONAL REGISTER OF HCV INFECTIONS WITH A KNOWN DATE OF ACQUISITION**

---

**REGISTRATION FORM**

The national register contains information on HCV infections with known dates of acquisition/exposure, and provides a facility for the future monitoring and long term assessment of HCV infection within the UK.

- No patient names are held in the HCV National Register. It is therefore very important that you retain the register number in your records and that you are able to trace the patient from either the register number or the identifier/reference number that you supply on the form (Question 1).

- Ethical approval for the register has been obtained from the North Thames Multi-Centre Research Ethics Committee.

Enquiries regarding either the HCV National Register or completion of the registration form should be directed to either:

Dr Helen Harris (Register Co-ordinator)
Telephone:  020 8327 7676
Email:  helen.harris@phe.gov.uk

Ms Annastella Costella (Hepatitis Scientist)
Telephone:  020 8327 7086
Email:  annastella.costella@phe.gov.uk

---

**THANK YOU VERY MUCH FOR YOUR HELP**

ALL THE INFORMATION YOU PROVIDE WILL BE TREATED IN CONFIDENCE

PLEASE RETURN THIS FORM USING REPLY PAID ENVELOPE TO:

Annastella Costella, Immunisation, Hepatitis and Blood Safety Department, Health Protection, Public Health England, 61 Colindale Avenue, London, NW9 5EQ

The HCV National Register is operated by Public Health England
Section 1: PATIENT DETAILS  (please insert details or tick boxes as appropriate)

1. Identifier by which you can recognise the patient in current and future correspondence (eg. hospital number): 

2. Patient NHS number: ____________________________

3. Date of birth (dd/mm/yyyy): ____________________________

4. Sex: Male, Female

5. Ethnic group: Asian, Black-Caribbean, Black-African, Black, other, Indian, Pakistani, Bangladeshi, Chinese, Asian, other, Other, please specify: ____________________________

6. Country of birth: ____________________________

7. If you are not the patient’s GP, please give the name and address of their GP below:
   Name: ____________________________
   Address: ____________________________

8. Has the patient ever injected drugs (even if only once)? Yes, No, Not known

9. Does the patient have any other known risk factors for HCV infection? Yes, No, Not known
   If yes, please give details: ____________________________

10. To your knowledge, does the patient have any other significant chronic viral infection? Yes, No
    If yes, please give details: ____________________________

11. Does the patient suffer from any other significant medical conditions? Yes, No
    If yes, please give details: ____________________________

12. Are you still responsible for the HCV-related care of the patient? Yes, No
    Please give name. ____________________________
    Address: ____________________________

Section 2: CURRENT CLINICAL STATUS

The next questions ask about the patient’s current clinical status. In this context, clinical status is intended to reflect the patient’s signs and/or symptoms of liver disease, not their test results.

1. Has the patient died (please tick box)? Yes, No
   If yes, please give date of death (dd/mm/yyyy): ____________________________ and cause of death: ____________________________
   If no, does the patient have: No clinical signs or symptoms of liver disease (HCV-related) [ ]
   Clinical signs or symptoms of liver disease (not HCV-related) [ ]
   Please go to question 3

2. Please record any signs or symptoms of liver disease:
   Spider naevi [ ]
   Hepatomegaly [ ]
   Splenomegaly [ ]
   Ascites [ ]
   Varices [ ]
   Bleeding varices [ ]
   Liver tumour [ ]

3. Is the patient obese (BMI ≥30)? Yes, No

4. Has the patient been tested for hepatitis B infection, and if so, what were the results?

5. Has the patient ever had a positive HCV PCR test? Yes, No
   If yes, please give date of first known positive test (dd/mm/yyyy): ____________________________

6. Date of latest HCV antibody test results (dd/mm/yyyy): ____________________________
   Results (please tick box): Positive, Negative, Other (eg. viral load)

7. Date of latest liver function tests (dd/mm/yyyy): ____________________________
   Results (please tick box or enclose copy of report form): Normal, Abnormal

8. Date of latest haematology tests (dd/mm/yyyy): ____________________________
   Results (please tick box or enclose copy of report form): Normal, Abnormal

9. Date of latest liver biopsy (dd/mm/yyyy): ____________________________
   Results (please tick box): Normal, Abnormal

10. Date of latest Fibroscan (dd/mm/yyyy): ____________________________
    Fibroscan score (if known): ____________________________
    Histopathology department biopsy reference number: ____________________________

Section 3: TEST RESULTS

1. Date of last consultation for HCV (dd/mm/yyyy): ____________________________

2. Has the patient had any antiviral treatment for HCV? Yes, No
   If yes, please insert details of treatment in the table below:

3. Date of last consultation for HCV (dd/mm/yyyy): ____________________________

4. Date of latest HCV PCR test results (dd/mm/yyyy): ____________________________
   Results (please tick box): Positive, Negative, Other (eg. viral load)

5. Date of latest HCV antibody test results (dd/mm/yyyy): ____________________________
   Results (please tick box): Positive, Negative, Equivocal

6. Please insert the HCV genotype or serotype if known: ____________________________

7. Date of latest liver function tests (dd/mm/yyyy): ____________________________
   Results (please tick box or enclose copy of report form): Normal, Abnormal

8. Date of latest haematology tests (dd/mm/yyyy): ____________________________
   Results (please tick box or enclose copy of report form): Normal, Abnormal

9. Date of latest liver biopsy (dd/mm/yyyy): ____________________________
   Results (please tick box): Normal, Abnormal

10. Date of latest Fibroscan (dd/mm/yyyy): ____________________________
    a. Date of previous Fibroscan (dd/mm/yyyy): ____________________________
    b. Date of previous Fibroscan (dd/mm/yyyy): ____________________________

Section 4: ANTIVIRAL DRUG TREATMENT

1. Has the patient had any antiviral treatment for HCV? Yes, No
   Please continue with this section

Please go to question 3