



PEGASYS Therapy Personal Laboratory Summary Sheet

Patient Name _____ <small style="text-align: center;">PLEASE PRINT</small> Physician Name _____ RN Name _____	Therapy Start Date: _____	Target End Date: _____
Therapy: PEGASYS Dose: _____ µg weekly on _____ COPEGUS Dose: _____ tablets QAM _____ tablets QPM		

	Baseline	Week 1	Week 2	Week 4	Week 6	Week 8	Week 12	Week 16	Week 20	Week 24	Week 28	Week 32	Week 36	Week 40	Week 44	Week 48	Week 60	Week 72
DATE																		
WBC																		
HGB																		
HCT																		
PLATELET																		
INR																		
NEUTROPHIL																		
ALBUMIN																		
TOTAL BILI																		
ALT																		
AST																		
TSH																		
HCV Viral Load																		
Pregnancy Test																		
Other																		

Comments: _____

This form is only intended to supplement your monitoring efforts. It should not be used to decide which tests to perform for an individual patient.

