

Form 2 - Treating Physician Form
Strictly Private and Confidential

Section A – HCV Infected Class Member

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ Province/Territory _____ Postal Code _____

Country _____ Date of Birth _____
(Month Day Year)

Province/Territorial Health Number _____ Province/Territory of Health Plan _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Section B - Treating Physician

Last Name _____ First Name _____ Middle Initial _____

Office Address _____

City _____ Province/Territory _____ Postal Code _____

Country _____ Specialty _____

Office Phone (_____) _____ - _____ Office Fax (_____) _____ - _____

Section C - HCV Antibody Test and/or PCR Test

Each HCV Infected Class Member must have either a positive HCV Antibody Test or a positive PCR Test acceptable to the Administrator to be eligible for compensation. These tests also establish entitlement to one of the two lower compensation disease levels.

If a deceased Primarily-Infected Class Member was NOT tested for the HCV antibody or the Hepatitis C virus (“HCV”), evidence of any of the following can be submitted:

- A liver biopsy consistent with HCV in the absence of any other cause of chronic hepatitis;
- An episode of jaundice within three (3) months of receiving Blood in the absence of any other cause;
- A diagnosis of cirrhosis in the absence of any other cause; **or**
- Where a claimant is a Primarily-Infected Hemophiliac, that the Primarily-Infected Hemophiliac has tested positive for HIV prior to his or her death.

Please check each box that applies and attach the most recent laboratory report

Disease Level 1

- The HCV Infected Class Member has the Hepatitis C antibody present in his or her Blood as demonstrated by the HCV Antibody Test performed (attach results of RIBA or a test performed in 1997 or after).

Disease Level 2

- The HCV Infected Class Member has the Hepatitis C virus present in his or her Blood as demonstrated by the PCR Test performed (attach results of a test performed in 1998 or after).

Section D - Advanced Disease Levels

The disease levels are listed below in descending order of severity. If applicable, please identify the most severe disease level that applies to the HCV Infected Class Member and then go to Section E – Patient History.

Disease Level 6

There are seven (7) medical conditions listed below, any one of which qualifies the HCV Infected Class Member at this disease level. Check each box that applies to the HCV Infected Class Member's medical condition, attach the documentation specified and provide the requested opinion.

1. The HCV Infected Class Member has had a **liver transplant** (attach the operative report).
2. The HCV Infected Class Member has been diagnosed with **decompensation of the liver** based on a finding of one or more of the following:
 - hepatic encephalopathy (attach a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist, or internist supporting the finding);
 - bleeding esophageal varices (attach the endoscopic report);
 - ascites (attach the ultrasound, MRI or CT scan report);
 - subacute bacterial peritonitis (attach the laboratory report with a neutrophil count greater than 150×10^9 per ml in the ascitic fluid and/or positive ascitic fluid culture);
 - protein malnutrition (attach a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist, or internist supporting the finding);
 - another condition (specify the condition and attach a consultation or other report of a gastroenterologist, hepatologist, pathologist, infectious disease specialist, or internist supporting the finding).

3. The HCV Infected Class Member has been diagnosed with **hepatocellular cancer** based on:
 - a liver biopsy (attach the pathology report);
 - an alpha feto protein blood test (attach the laboratory report and a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist, or internist supporting the diagnosis);
 - a CT scan or MRI of the liver which confirms the diagnosis (attach the CT scan or MRI report).
4. The HCV Infected Class Member has been diagnosed with **B-cell lymphoma** (attach a consultation or other report of an oncologist or hematologist supporting the diagnosis).
5. The HCV Infected Class Member has been diagnosed with **symptomatic mixed cryoglobulinemia** (attach a laboratory report confirming elevated cryoglobulins and a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist, or internist supporting the diagnosis).
6. The HCV Infected Class Member has been diagnosed with **glomerulonephritis requiring dialysis** based on a kidney biopsy (attach the pathology report and a consultation or other report of a nephrologist supporting the diagnosis and indicating it is consistent with the HCV infection).
7. The HCV Infected Class Member has been diagnosed with **renal failure (hepatorenal syndrome)** (attach laboratory reports of serum creatinine and serum urea and a consultation or other report of a nephrologist supporting the diagnosis).

It is my opinion that the HCV Infected Class Member's infection with HCV materially contributed to his or her Disease Level 6 medical condition.

Yes No

If the HCV Infected Class Member has a Disease Level 6 condition and you have completed the above portion of this Form, go to Section E – Patient History.

Disease Level 5

There are four (4) medical conditions listed below, any one of which qualifies the HCV Infected Class Member at this disease level. Check each box that applies to the HCV Infected Class Member's medical condition, attach the documentation specified and provide the requested opinion.

1. The HCV Infected Class Member has been diagnosed with **cirrhosis** based on:

- (a) A liver biopsy demonstrating fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration (attach the pathology report).

In the absence of a liver biopsy, the HCV Infected Class Member has been diagnosed with cirrhosis based on:

- (b) Three or more months with an increase in all gamma globulins with decreased albumin on serum electrophoresis, a significantly decreased platelet count and an increased INR or prothrombin time none of which are attributable to any cause other than cirrhosis (attach a serum electrophoresis test and other laboratory reports supporting each finding);

AND

- hepato-splenomegaly (attach the ultrasound report, MRI or CT scan report) with peripheral manifestations of liver disease such as the following, none of which are attributable to any cause other than cirrhosis:
- gynecomastia
 - testicular atrophy
 - spider angiomas
 - protein malnutrition
 - palm or nail changes characteristic of liver disease
 - an enlarged or hobnail liver

OR

One or more of the following, none of which are attributable to any cause other than cirrhosis:

Portal hypertension confirmed by:

- an enlarged spleen which is inconsistent with portal vein thrombosis (attach the ultrasound, MRI or CT scan report);
- abnormal abdominal and chest wall veins (attach a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist, or internist supporting the finding);

Esophageal varices (attach the endoscopic report);

Ascites (attach the ultrasound, MRI or CT scan report).

- (c) An ultrasound, CT scan or MRI report which shows cirrhosis (attach a copy of a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist, or internist supporting the finding).

2. The HCV Infected Class Member has been diagnosed with **porphyria cutanea tarda** (attach a 24 hour urine porphyrine test report) which has failed to respond to one or more of the following treatments:

phlebotomy;

drug therapy (specify the therapy) _____; **or**

HCV Drug Therapy;

and which is causing significant disfigurement and disability as follows (describe disfigurement and disability):

(Attach a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist, or internist confirming the diagnosis.)

3. The HCV Infected Class Member has **thrombocytopenia** unresponsive to therapy based on one or more of the following:
- a platelet count below 100×10^9 (attach the laboratory report) with:
 - purpura or other spontaneous bleeding; or
 - excessive bleeding following trauma
- (attach a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist, or internist supporting either finding);
- a platelet count below 30×10^9 (attach the laboratory report).
4. The HCV Infected Class Member has **glomerulonephritis not requiring dialysis** based on a kidney biopsy (attach a pathology report and a consultation or other report of a nephrologist supporting the diagnosis and indicating it is consistent with infection with HCV).

It is my opinion that the HCV Infected Class Member's infection with HCV materially contributed to his or her Disease Level 5 medical condition.

Yes No

If the HCV Infected Class Member has a Disease Level 5 condition and you have completed the above portion of this form, go to Section E – Patient History.

Disease Level 4

The following medical condition qualifies the HCV Infected Class Member at this disease level. Check the box if it applies to the HCV Infected Class Member's medical condition and attach the documentation specified.

1. The HCV Infected Class Member has **bridging fibrosis** based on a liver biopsy demonstrating fibrous tissue in the portal tracts of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration (attach the pathology report).

Disease Level 3

There are three (3) criteria listed below, any of which qualifies the HCV Infected Class Member at this disease level. Check each box that applies to the HCV Infected Class Member's medical condition, attach the documentation specified and provide the requested opinion.

1. The HCV Infected Class Member has **non-bridging fibrosis** based on a liver biopsy demonstrating fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal areas but without any bridging to other portal tracks or to central veins (attach the pathology report).
2. The HCV Infected Class Member has received/undergone one of the following types of **HCV Drug Therapy** (specify dates):
- Interferon therapy _____
(Month Day Year)
 - Combination interferon and ribavirin therapy _____
(Month Day Year)
 - Interferon combined with a drug other than ribavirin _____
(Month Day Year)
 - Ribavirin combined with a drug other than interferon _____
(Month Day Year)

3. The HCV Infected Class Member **has met or meets the following protocol for HCV Drug Therapy** notwithstanding that such treatment was not recommended, or if recommended, has been declined (two options):

OPTION 1

- being HCV RNA positive by PCR Test (attach the PCR Test); **and**
- having ALTs which were elevated 1.5 x normal for three or more months (attach the liver function test reports); **and**
- my opinion that the infection with HCV materially contributed to the elevated ALTs finding (attach a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist, or internist).

OPTION 2

- the CASL (Canadian Association for the Study of the Liver) guidelines for HCV Drug Therapy (attach a consultation or other report of a gastroenterologist, hepatologist, infectious disease specialist, or internist).

Alternative to Biopsy Protocol

The Alternative to Biopsy Protocol sets out alternative medical evidence that may be provided in the absence of a biopsy. It applies to claims made at Disease Levels 3, 4, 5 and 6. If the following conditions apply:

1. You are unable to assign the disease level you consider most appropriate due to the absence of a biopsy;
2. The HCV Infected Class Member does not have any of the other medical conditions applicable at the disease level for which qualification is sought;
3. The HCV Infected Class Member is a hemophiliac; **or**
4. The HCV Infected Class Member is NOT a hemophiliac but a biopsy is contraindicated in the circumstances of the medical condition of the person.

Please visit www.pre86post90settlement.ca to view and/or download the protocol.

Section E - Patient History

1. How long have you treated the HCV Infected Class Member?

Months _____; **or**

Years _____

Section F - HCV Disease Verification

1. Does/did the HCV Infected Class Member have a history of any of the following risk factors for the Hepatitis C virus?
(Check all that apply)

- Dialysis
- Transmission from an infected Spouse or Parent
- Prison incarceration
- Non-prescription intravenous drug use
- Body piercing (except ears)
- Tattoos
- Intra-nasal drug use
- None
- Other _____

2. Based on the definition of Blood below, did the HCV Infected Class Member receive Blood before January 1, 1986 or between July 2, 1990 and September 28, 1998?

Yes No

The definition of "**Blood**" for the purpose of the Settlement is as follows:

- (a) in the case of **Primarily-Infected Persons**, except those Primarily-Infected Persons who have or had Thalassemia Major, whole blood and the following blood products: packed red cells, platelets, plasma (fresh, frozen, and banked), white blood cells and cryoprecipitate. Blood does not include Albumin 5%, Albumin 25%, Factor VIII, Porcine Factor VIII, Factor IX, Factor VII, Cytomegalovirus Immune Globulin, Hepatitis B Immune Globulin, Rh Immune Globulin, Varicella Zoster Immune Globulin, Immune Serum Globulin, (FEIBA) FEVIII Inhibitor Bypassing Activity, Autoplex (Activate Prothrombin Complex), Tetanus Immune Globulin, Intravenous Immune Globulin (IVIG) and Antithrombin III (ATIII).

(b) in the case of **Primarily-Infected Hemophiliacs and those Primarily-Infected Persons who have or had Thalassemia Major**, whole blood and blood products including packed red cells, platelets, plasma (fresh, frozen, and banked), white blood cells and cryoprecipitate and clotting factor products including Factor VII, Factor VIII and Factor IX, supplied, directly or indirectly, by the Canadian Red Cross Society. Blood does not include Albumin 5%, Albumin 25%, Cytomegalovirus Immune Globulin, Hepatitis B Immune Globulin, Rh Immune Globulin, Varicella Zoster Immune Globulin, Immune Serum Globulin, Tetanus Immune Globulin, Intravenous Immune Globulin (IVIG) and Antithrombin III (ATIII).

3. Is there anything in the HCV Infected Class Member's medical history or clinical presentation that indicates he or she used non-prescription intravenous drugs at any time?

Yes No

If "Yes", what in the HCV Infected Class Member's medical history or clinical presentation indicates that he or she may have used non-prescription intravenous drugs?

4. A Secondly-Infected Person claims to be **first** infected with HCV by his or her Parent or Spouse who is an HCV Infected Class Member. Is there anything in the Secondly-Infected Person's medical history that indicates he or she was **first** infected with the Hepatitis C virus by any other means?

Yes No

If "Yes", what in the Secondly-Infected Person's medical history indicates that he or she may have been **first** infected with the Hepatitis C virus by some means other than transmission from an infected Parent or Spouse?

5. Is/was the HCV Infected Class Member also infected with HIV? If "Yes", attach the laboratory test report.

Yes No

6. Are you aware of **any completed or requested** Traceback Procedure for the HCV Infected Class Member? If "Yes", provide documentation.

Yes No

7. If the HCV Infected Class Member has died, did his or her infection with the Hepatitis C virus materially contribute to his or her death?

Yes No

If "Yes", how did the HCV Infected Class Member's infection with HCV materially contribute to his or her death?

Section G - Disability Information (Complete only if at Disease Level 4, 5, or 6)

Section G must be completed by the Treating Physician in the event that a claimant is eligible and intends to make a Claim for compensation for Past Loss of Income or Past Loss of Services in the Home.

1. Does/did the medical condition at Disease Level 4, 5 or 6 cause the HCV Infected Class Member to be regularly or temporarily unable to perform the duties of their employment, occupation or profession as a result of his/her HCV infection?

Yes (complete information below) No

- Indicate % of disability as a result of the HCV infection _____%
- Indicate the date the HCV Infected Class Member first had any extent of disability as a result of an impairment caused by his or her HCV infection:

Start date _____
(Month Day Year)

End date _____ (if applicable)
(Month Day Year)

2. Does/did the medical condition at Disease Level 4, 5 or 6 cause the HCV Infected Class Member to be at least 60% disabled (regularly or temporarily) and unable to perform household duties as a result of his/her HCV infection?

Yes (complete information below) No

- Indicate the date the HCV Infected Class Member became at least 60% disabled due to his or her infection with HCV:

Start date _____
(Month Day Year)

End date _____ (if applicable)
(Month Day Year)

3. Please indicate the HCV Infected Class Member's symptoms which have caused the impairment resulting in the disability:

Section H - Certification By Treating Physician

I certify that the information provided is true and correct to the best of my knowledge, information and belief.

Date Signed (Month Day Year)

Treating Physician's Signature