

**ARIZONA DEPARTMENT OF CORRECTIONS
HEPATITIS C STATEWIDE REPORT**

CONTRACTOR NAME: _____

For Month and Year: _____ **Date Submitted:** _____

Treatment Status	Total number of inmates	Number of inmates	
		Genotype 1 or 4	Genotype 2 or 3
Beginning Treatment			
In Treatment			
Treatment discontinued			
- By inmate			
- By Clinician			
Ended Treatment			
- Responder			
- Non-responder			