



Hepatitis C – Chronic, lab only

County _____

PATIENT INFORMATION

Case name (last, first) _____
 Birth date ___/___/___ Sex F M Other Alternate name _____
 Phone _____ Email _____
 Address type Home Mailing Other Temporary Work
 Street address _____
 City/State/Zip/County _____
 Residence type (incl. Homeless) _____ WA resident Yes No

ADMINISTRATIVE

Report source _____
 Report date ___/___/___
 Diagnosis at state correctional facility Yes No Unknown *If yes, Diagnosis type* Acute Chronic

ADMINISTRATIVE – LHJ USE

LHJ notification date ___/___/___
 Investigator _____
 Investigation start date ___/___/___

COMMUNICATIONS – LHJ USE (Please document all attempts to gather information, including patient interview, provider outreach, or medical record abstraction)

Contact attempted Yes No
 Date of contact attempt ___/___/___
 Contact attempt type Phone call to patient Phone call to medical provider Medical record search Text to patient
 Letter to patient E-mail to patient Patient's social media Other _____
 Contact attempt outcome Unable to contact Contacted and interviewed Contacted and scheduled
 Successful medical record review Left message Pending response Reinterviewed
 Interviewer _____
 Was patient acute, chronic, or perinatal at time of contact attempt? Unknown
 Notes:

DEMOGRAPHICS

Do you consider yourself (your child) Hispanic, Latino/a, or Latinx?
 Ethnicity Hispanic, Latino/a, Latinx Non-Hispanic, Latino/a, Latinx Patient declined to respond Unknown
 What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses).
 Race Amer Ind/AK Native (**specify:** Amer Ind **and/or** AK Native) Asian Black or African American
 Native HI/Pacific Islander (**specify:** Native HI **and/or** Pacific Islander) White Patient declined to respond Unk

Additional race information:

Afghan Afro-Caribbean Arab Asian Indian Bamar/Burman/Burmese Bangladeshi Bhutanese
 Central American Cham Chicano/a or Chicanx Chinese Congolese Cuban Dominican Egyptian
 Eritrean Ethiopian Fijian Filipino First Nations Guamanian or Chamorro Hmong/Mong
 Indigenous-Latino/a or Indigenous-Latinx Indonesian Iranian Iraqi Japanese Jordanian Karen
 Kenyan Khmer/Cambodian Korean Kuwaiti Lao Lebanese Malaysian Marshallese Mestizo
 Mexican/Mexican American Middle Eastern Mien Moroccan Nepalese North African Oromo
 Pakistani Puerto Rican Romanian/Rumanian Russian Samoan Saudi Arabian Somali
 South African South American Syrian Taiwanese Thai Tongan Ugandan Ukrainian
 Vietnamese Yemeni Other: _____

What is your (your child's) preferred language (check one):

Amharic Arabic Balochi/Baluchi Burmese Cantonese Chinese (unspecified) Chamorro Chuukese
 Dari English Farsi/Persian Fijian Filipino/Pilipino French German Hindi Hmong Japanese
 Karen Khmer/Cambodian Kinyarwanda Korean Kosraean Lao Mandarin Marshallese Mixteco
 Nepali Oromo Panjabi/Punjabi Pashto Portuguese Romanian/Rumanian Russian Samoan
 Sign languages Somali Spanish/Castilian Swahili/Kiswahili Tagalog Tamil Telugu Thai Tigrinya
 Ukrainian Urdu Vietnamese Other language: _____ Patient declined to respond Unknown

PREGNANCYPregnant Yes No Unknown

Date that the individual was assessed for pregnancy ___/___/___

If pregnant,

Subtype at time of this pregnancy Acute Chronic Unknown

Estimated delivery date ___/___/___

LABORATORY DIAGNOSTICS (Positive, Negative, Not tested, Indeterminate)**P N NT I**
 Antibody to hepatitis C virus (anti-HCV) Signal to cut-off ratio _____
 Specimen collection date ___/___/___ Specimen accession # _____
 Test laboratory _____ Test provider/facility _____

 HCV RNA quantitative _____ Quantitative units I.U. I.U., log RNA copies RNA copies, log
 Qualitative interpretation of quantitative result
 Specimen collection date ___/___/___ Specimen accession # _____
 Test laboratory _____ Test provider/facility _____

 HCV RNA qualitative
 Specimen collection date ___/___/___ Specimen accession # _____
 Test laboratory _____ Test provider/facility _____

 HCV genotype _____
 Specimen collection date ___/___/___ Specimen accession # _____
 Test laboratory _____ Test provider/facility _____
Liver Enzyme Tests
 ALT (SGPT) Specimen collection date ___/___/___ Actual value _____
 AST (SGOT) Specimen collection date ___/___/___ Actual value _____
 BIL (Total) Specimen collection date ___/___/___ Actual value _____
ADMINISTRATIVE – LHJ USELHJ case classification Confirmed Probable Suspect Not a case State case Contact Control
 Exposure Not classifiedInvestigation status Investigation not started In progress Complete Complete – not reportable to DOH
 Unable to complete

LHJ investigation complete date ___/___/___

LHJ record complete date ___/___/___

(NOT REQUIRED) HCV CONTINUUM OF CARE – LHJ USE

Stage on the HCV continuum (select all that apply)

 HCV antibody positive Antibody date: ___/___/___ Not an HCV case (RNA negative) RNA negative date: ___/___/___ HCV confirmed (RNA positive) RNA positive date: ___/___/___

 Linked to HCV care Linked to care date: ___/___/___ HCV treatment Treatment date: ___/___/___ Cured/SVR Cured date: ___/___/___
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