**Hepatitis C, chronic – short form (for basic case reporting)**

**Case defining variables are in bold. Answers are: Yes, No, Unknown to case, Not asked /Not answered**

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**REPORT SOURCE**

<table>
<thead>
<tr>
<th>LHJ notification date</th>
<th>Investigation start date</th>
<th>Reporter name</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>/<strong>/</strong></em></td>
<td><em>/<strong>/</strong></em></td>
<td>__________________________</td>
</tr>
</tbody>
</table>

**REPORTER**

- **Lab**
- **Hospital**
- **HCP**
- **Public health agency**
- **Other**

**OK to talk to case?**

- Yes
- No
- DK

**Date of interview** _/__/___

**PATIENT INFORMATION**

- **Name (last, first)**
- **Address**
- **City/State/Zip**
- **Phone(s)/Email**
- **Alt. contact**
- **Parent/guardian**
- **Spouse**
- **Other**
- **Name:** ___________________
- **Zip code (school or occupation):** _________________
- **Phone:** ___________________
- **Occupation/grade**
- **Employer/worksite**
- **School/child care name**

**CLINICAL INFORMATION**

**Initial Diagnosis date:** _/__/___

**LABORATORY**

- **Reactive anti-HCV screen** (mo/yr) _/___

**Liver function tests**

(if >1 LFT in past 3 months, report peak value; else report most recent).

**EXPOSURE (lifetime)**

- **Where did exposure probably occur?**
  - In WA (County: ___________________)
  - US but not WA
  - Not in US
  - Unk

**Exposure details:**

**Investigator** ________________________

**Investigation complete date** _/__/___

**Local health jurisdiction**

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DOH 150-050 (Rev. 1/2014)