



**PATIENT INFORMATION**

**Hepatitis C – Chronic, min required fields**

County \_\_\_\_\_

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

**REPORT SOURCE(S)**

Report source \_\_\_\_\_  
Report date \_\_\_/\_\_\_/\_\_\_  
Diagnosis at state correctional facility  Yes  No  Unknown  
If yes, Diagnosis type  Acute  Chronic

**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:

**CHRONIC EVENT ADMINISTRATION – LHJ USE**

LHJ notification date \_\_\_/\_\_\_/\_\_\_  
Investigator \_\_\_\_\_

**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

## PREGNANCY

Pregnant  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 \_\_\_\_\_

## EXPOSURES

**Y N Unk**

Received clotting factor concentrates When  Before 1987  1987 or later

Received blood products When  Before 1992  1992 or later

Received solid organ transplant When  Before 1992  1992 or later

Other organ or tissue transplant recipient Date \_\_\_/\_\_\_/\_\_\_

Long term hemodialysis

Birth mother has history of hepatitis C infection

Employed in job with potential for exposure to human blood or bodily fluids

Job type  Medical  Dental  Public safety (e.g. law enforcement/firefighter)  Tattoo/piercing  Other \_\_\_\_\_

Frequency of direct contact w/ blood or body fluids  Frequent (several times a week)  Infrequent  Unknown

Accidental stick or puncture with sharps contaminated with blood or body fluid

History of occupational needle stick or splash

Ever had a finger stick/prick blood sugar test

Ear or body piercing

Body site \_\_\_\_\_ Address/name \_\_\_\_\_

Body piercing was performed at  Commercial parlor/shop  Correctional facility  Other \_\_\_\_\_

Ever received acupuncture

Tattoo recipient

Tattoo was performed at  Commercial parlor/shop  Correctional facility  Other \_\_\_\_\_

History of incarceration

Born outside US

Country \_\_\_\_\_ Number of years in US \_\_\_\_\_

Contact with confirmed or suspected hepatitis C case (acute or chronic)

Type of contact  Sexual  Household (non-sexual)  Needle use  Birth  Casual contact  Other \_\_\_\_\_

Approximate number of lifetime sex partners  0  1  2-5  6-10  11-20  >20  Unknown

Gender of sex partners  Male - Number \_\_\_\_\_  Female (Number \_\_\_\_\_)  Transgender (Number \_\_\_\_\_)

**Y N Unk**

- Received treatment for an STD  
Year of most recent STD treatment \_\_\_\_\_
- Ever injected drugs not prescribed by a doctor, even if only once or a few times  
Injection drug use type (check all that apply)  Heroin (includes Diacetylmorphine)  Cocaine  Amphetamine  
 Methamphetamine  MDMA  Ketamine  PCP  Opioids (prescription or non-prescription)  Anabolic steroids  
 Unknown  Other \_\_\_\_\_
- Ever shared needles  Yes  No  Unknown  
Ever shared other injection equipment  Yes \_\_\_\_\_  No  Unknown  
Ever used needle exchange services  Yes  No  Unknown

**Y N Unk**

- Non-injection street drug use/use street drugs  
Specify drug(s) \_\_\_\_\_  
Route of administration  Inhalation  Oral  Transdermal  Other \_\_\_\_\_
- Used drugs not prescribed by a doctor and route of administration is unknown  
Type (check all that apply)  Heroin (includes Diacetylmorphine)  Cocaine  Amphetamine  Methamphetamine  
 MDMA  Ketamine  PCP  Opioids (prescription or non-prescription)  Anabolic steroids  Unknown  
 Other \_\_\_\_\_
- Patient used injection drugs in the past 3 months

**MOST LIKELY EXPOSURE**

- Most likely exposure  Acupuncture  Blood product  Body piercing (except ears)  Chronic hemodialysis  Close contact
- Clotting factor  Incarceration  Injection drug use  In job with potential blood or body fluid exposure  
 New or risk sexual partner  Organ transplant  Perinatal transmission  Tattoo  Multiple risk factors  
 Unknown  Other \_\_\_\_\_

**ADMINISTRATIVE – LHJ USE**

- Investigation status  Investigation not started  In progress  Complete  Complete - not reportable to DOH  
 Unable to complete
- LHJ record complete date \_\_\_/\_\_\_/\_\_\_

**(NOT REQUIRED) HCV CONTINUUM OF CARE – LHJ USE**

- Stage on the HCV continuum (select all that apply)
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> HCV antibody positive<br>Antibody date: ___/___/___    | <input type="checkbox"/> Not an HCV case (RNA negative)<br>RNA negative date: ___/___/___ | <input type="checkbox"/> HCV confirmed (RNA positive)<br>RNA positive date ___/___/___ |
| <input type="checkbox"/> Linked to HCV care<br>Linked to care date: ___/___/___ | <input type="checkbox"/> HCV treatment<br>Treatment date: ___/___/___                     | <input type="checkbox"/> Cured/SVR<br>Cured date: ___/___/___                          |

**(NOT REQUIRED) CASE CLASSIFICATION – LHJ USE**

- LHJ case classification  Confirmed  Probable  Suspect  Not a case  State case  Contact  Control  Exposure  
 Not classified

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