



Hepatitis C – Chronic, min required fields

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

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
Antibody date: ___/___/___ | <input type="checkbox"/> Not an HCV case (RNA negative)
RNA negative date: ___/___/___ | <input type="checkbox"/> HCV confirmed (RNA positive)
RNA positive date ___/___/___ |
| <input type="checkbox"/> Linked to HCV care
Linked to care date: ___/___/___ | <input type="checkbox"/> HCV treatment
Treatment date: ___/___/___ | <input type="checkbox"/> Cured/SVR
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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