



# Hepatitis C Positive Rapid Screening Test Report Form

## PATIENT INFORMATION

Patient/Client name (last, first) \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ Sex  F  M  Other Alternate name \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address type  Home  Mailing  Other  Temporary  Work  Homeless  
 Street address \_\_\_\_\_  
 City/State/Zip/County \_\_\_\_\_

## REPORT SOURCE(S)

Name and contact of agency submitting this report:

Report date \_\_\_/\_\_\_/\_\_\_

## DEMOGRAPHICS

### Do you consider yourself Hispanic, Latino/a, or Latinx?

Hispanic, Latino/a, Latinx  Non-Hispanic, Latino/a, Latinx  Patient declined to respond  Unknown

### What race or races do you consider yourself? You can be as broad or specific as you'd like (check all responses).

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 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 STATUS

Pregnant?  Yes (If "Yes", Estimated delivery date: \_\_\_/\_\_\_/\_\_\_ )  No  Unknown

## LABORATORY DIAGNOSTICS (Positive, Negative, Not tested, Indeterminate)

P N NT I  
    Antibody to hepatitis C virus (anti-HCV) [Antibody Rapid / Point-of-Care Ab]  
 Specimen collection date \_\_\_/\_\_\_/\_\_\_ Testing provider/facility \_\_\_\_\_  
    HCV RNA (Whenever possible, please order reflex RNA confirmatory testing and report all results, including neg)  
 Specimen collection date \_\_\_/\_\_\_/\_\_\_ Specimen accession # \_\_\_\_\_  
 Numeric result and units (if applicable and viral load performed) \_\_\_\_\_  
 Testing laboratory \_\_\_\_\_ Testing provider/facility \_\_\_\_\_

## EXPOSURES (Yes, No, Unknown)

Y N Unk  
   Ever injected drugs not prescribed by a doctor, even if only once or a few times (If "Yes, specify):  
 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  
   Non-injection street drug use/use street drugs (If "Yes", Specify drug(s) \_\_\_\_\_)  
 Route of administration  Inhalation  Oral  Transdermal  Other \_\_\_\_\_  
   Used drugs not prescribed by a doctor and route of administration is unknown (If "Yes", specify):  
 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

**Y N Unk**

- Received blood products (If "Yes", When?  Before 1992  1992 or later)
- Received solid organ transplant (If "Yes", When?  Before 1992  1992 or later)
- Long term hemodialysis
- Birth mother has history of hepatitis C infection (If "Yes", specify):  
 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
- Tattoo recipient (If "Yes", Tattoo was performed at  Commercial parlor/shop  Correctional facility  Other \_\_\_\_\_)
- History of incarceration
- Contact with confirmed or suspected hepatitis C case (acute or chronic) (If "Yes", specify):  
 Type of contact  Sexual  Household (non-sexual)  Needle use  Birth  Casual contact  Other \_\_\_\_\_

**MOST LIKELY EXPOSURE (check only one)**

- 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 \_\_\_\_\_

**Report or fax this form to the local health jurisdiction of the patient/client's residence.**

**To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov)**

**FOR LOCAL HEALTH DEPARTMENT USE ONLY:****COMMUNICATIONS (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:

**EVENT ADMINISTRATION**

- LHJ notification date \_\_\_/\_\_\_/\_\_\_
- Investigator \_\_\_\_\_
- 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**

- Stage on the HCV continuum (select all that apply)
- HCV antibody positive  Not an HCV case (RNA negative)  HCV confirmed (RNA positive)  
 Antibody date: \_\_\_/\_\_\_/\_\_\_ RNA negative date: \_\_\_/\_\_\_/\_\_\_ RNA positive date: \_\_\_/\_\_\_/\_\_\_
- Linked to HCV care  HCV treatment  Cured/SVR  
 Linked to care date: \_\_\_/\_\_\_/\_\_\_ Treatment date: \_\_\_/\_\_\_/\_\_\_ Cured date: \_\_\_/\_\_\_/\_\_\_

**(NOT REQUIRED) CASE CLASSIFICATION**

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