



Hepatitis C – Chronic, lab only

County _____

PATIENT INFORMATION

Case name (last, first) _____
 Birth date ___/___/___ Sex F M Other
 Phone _____
 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 ___/___/___
 Reporter organization _____
 Reporter name _____
 Reporter phone _____
 LHJ notification date ___/___/___
 Investigator _____
 Investigation start date ___/___/___

DEMOGRAPHICS

Age _____ Years Months
 Ethnicity Hispanic or Latino Not Hispanic or Latino Unk
 Race (check all that apply) Unk Amer Ind/AK Native
 Asian Black/African Amer Native HI/other PI
 White Other _____

LABORATORY DIAGNOSTICS

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 _____

LHJ case classification Confirmed Probable Suspect Not a case Other, specify: _____
 Investigation status Not started In progress Complete Complete - not reportable to DOH Unable to complete
 LHJ Record complete date ___/___/___

DOH USE ONLY

DOH case classification: Confirmed Probable Not a case

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).