



PATIENT INFORMATION

Hepatitis C – Chronic, lab only

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

ADMINISTRATIVE

Report source _____
Report date ___/___/___
Diagnosis at state correctional facility Yes No Unknown *If yes, Diagnosis type* Acute Chronic

ADMINISTRATIVE – LHJ USE

LHJ notification date ___/___/___
Investigator _____
Investigation start date ___/___/___

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:

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

PREGNANCYPregnant 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 _____

ADMINISTRATIVE – LHJ USE

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

Investigation status Investigation not started In progress Complete Complete – not reportable to DOH
 Unable to complete

LHJ investigation complete date ___/___/___

LHJ record complete date ___/___/___

(NOT REQUIRED) HCV CONTINUUM OF CARE – LHJ USE

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: ___/___/___

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