Attachment A

Hepatitis Test Reporting Form

OMB No.0930-0300
Exp Date: XX/XX/XXXX

Provider (grantee) ID no. _____ **Date of visit:** _____

SECTION A: RISK FACTORS

❑ Intravenous Drug User
❑HIV Positive
❑HCV Positive

Previous Viral Hepatitis C Tests
❑ No ❑ Yes, Results_____

SECTION B: DEMOGRAPHICS

Age
❑ 18-24 yrs
❑ 25-34 yrs
❑ 35-44 yrs
❑ 45-54 yrs
❑ 55-64 yrs
❑ 65+ yrs

Ethnicity
❑Hispanic
❑Non-Hispanic

Race (Check all that apply)
❑ American Indian
❑ Asian
❑ Black/African American
❑ Native Hawaiian/Other Pacific Islander
❑ White

SECTION C: Viral Hepatitis Testing

Viral Hepatitis B Results
❑ Negative ❑ Positive
❑ Referred for Vaccination

Consent form signed
❑ Yes
❑ No, Reason_____

Did Client receive Results of test
❑ Yes
❑ No, Reason_____

Viral Hepatitis C Rapid Test Results
❑ Negative ❑ Positive ❑ Invalid (Repeat new kit)
❑ Referred for Treatment

Confirmatory Test
❑ YES ❑ No

Test lot number (if available):_____

Section D: Service Provided (Check all that apply)
❑ Viral Hepatitis A vaccination
❑ Viral Hepatitis B Vaccination
❑ Combined Viral Hepatitis A/B Vaccination
❑ Viral Hepatitis Education
❑ Viral Hepatitis Counseling

Vaccine Dose Dates **Vaccine Lot no.**_____
#1_____
#2_____
#3_____

Section E: TYPE OF REFERRAL SERVICES (check all that apply)
❑ Viral Hepatitis Confirmatory Testing
❑ Viral Hepatitis Prevention Counseling
❑Viral Hepatitis Medical Care/ Evaluation/ Treatment
❑ Comprehensive Risk Counseling & Services
❑ Other referrals (specify)_____

❑

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0300. Public reporting burden for this collection of information is estimated to average .05 minutes per client per year, including the time for reviewing instructions, searching existing data sources,

gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.