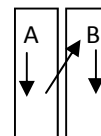


General Instructions for completing the EvaluationWeb HepTLC Hepatitis C Test Template

This Hepatitis C testing data collection template is provided to assist CDC grantees who are collecting PPHF Viral Hepatitis/Evaluation of Testing and Linkage to Care data. This template is not mandated for use in the field and may be customized so that an agency may make changes to the template to best fit their needs. Agencies may add additional local questions/variables to the template, but none of the CDC variables may be deleted or modified. The template contains the CDC Assurance of Confidentiality statement at the bottom. This statement assures clients and agency staff that data collected and recorded on the document will be handled securely and confidentially. All grantees are encouraged to utilize the CDC Assurance of Confidentiality statement on all client level data collection templates-used in Hepatitis testing programs.

The template can only be accessed and downloaded from EvaluationWeb or by requesting a copy via CDC. The manipulatable Publisher template will only be available by contacting your ICF Macro Data Manager. There are no pre-printed barcodes on any template forms. You must adhere or write in the Form Identification sticker (barcode) to each page to link the client's information. This template is not intended for use as an Optical Character Recognition (OCR) document; it cannot be scanned.

This template is designed for ease of data collection and direct data entry into EvaluationWeb. The template follows the EvaluationWeb direct data entry screens beginning from top upper left column A to bottom left, then to upper right column B to bottom right.



There are two different response formats that you will use to record data: (1) text boxes and (2) check boxes. Text boxes are used to record hand written information (codes and dates). Check boxes are used to select only one response unless otherwise indicated on the template.

Please refer to the Appendix A for all agency and site IDs and Appendix B for codes for country of origin. Please print these documents for your reference.

To add new site locations contact the HELP DESK at Luther Consulting via email at help@lutherconsulting.com or by telephone 1-866-517-6570 option #1.

For agencies directly entering data into EvaluationWeb it may not be necessary to complete the Agency Name.

Assurance of Confidentiality Statement:

The information in this report to the Centers for Disease Control and Prevention (CDC) is collected under the authority of Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k. Your cooperation is necessary for evaluation of the interventions being done to understand and control Hepatitis. Information in CDC's Hepatitis/Evaluation of Early Identification and Linkage to Care system that would permit identification of any individual on whom a record is maintained, or any health care provider collecting HepTLC information, or any institution with which that health care provider is associated will be protected under Section 308(d) of the Public Health Service Act. This protection for the HepTLC information includes a guarantee that the information will be held in confidence, will be used only for the purposes stated in the Assurance of Confidentiality on file at CDC, and will not otherwise be disclosed or released without the consent of the individual, health care provider, or institution described herein in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m(d)).

Enter or adhere Form ID

EVALUATIONWEB® 2012 HepTLC Hepatitis C Test Template

Site Information
See Appendix for a list of Agency and Site IDs

| | |
|-------------|--|
| Agency Name | |
| Agency ID | |
| Site ID | |

Client Demographics

| | |
|---|--|
| Client ID | |
| Country of Origin Code <i>(Optional—See Appendix for codes)</i> | |
| Year of Birth (yyyy) | |

Gender *(Select one)*

| | |
|--------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Declined to Answer |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Transgender | |

Race *(Select all that apply)*

| | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Declined to Answer |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | |

Ethnicity *(Select one)*

| | |
|---|---|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Not Hispanic/ Latino | <input type="checkbox"/> Declined to Answer |

Health Insurance

| | |
|---|---|
| <input type="checkbox"/> Yes | If yes, what type? <i>(Select one)</i> |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Don't Know | |
| <input type="checkbox"/> Declined to Answer | |
| | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Private |
| | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Don't Know |
| | <input type="checkbox"/> Declined to Answer |

Notes:

Risk Factors

Injection Drug Use *(Optional if testing as part of birth cohort recommendations)*

| | | |
|---|---|---|
| <input type="checkbox"/> Ever, yes | → | If yes, in the past 12 months? |
| <input type="checkbox"/> Ever, no | | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Don't Know | | <input type="checkbox"/> No |
| <input type="checkbox"/> Declined to Answer | | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Not Asked | | <input type="checkbox"/> Declined to Answer |
| | | <input type="checkbox"/> Not Asked |

HIV Positive Status

| | | |
|---|---|--|
| <input type="checkbox"/> Yes | → | If yes, source of HIV positive status? <i>(Select one)</i> |
| <input type="checkbox"/> No | | <input type="checkbox"/> Self Reported |
| <input type="checkbox"/> Don't Know | | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Declined to Answer | | <input type="checkbox"/> Documented Test |
| <input type="checkbox"/> Not Asked | | <input type="checkbox"/> Declined to Answer |
| | | <input type="checkbox"/> Not Asked |

Hepatitis C Test Results

| | Hepatitis C Antibody | Additional HCV Antibody <i>(if applicable)</i> | Qualitative HCV RNA |
|-------------------------------|---|---|---|
| Test Date | ___/___/_____ | ___/___/_____ | ___/___/_____ |
| Lab Type | <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable |
| Test Technology | <input type="checkbox"/> Rapid <input type="checkbox"/> EIA | <input type="checkbox"/> Rapid <input type="checkbox"/> EIA <input type="checkbox"/> RIBA | |
| Results | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result <input type="checkbox"/> Not Applicable |
| Were Test Results Provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Results from Other Agency | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Results from Other Agency | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Results from Other Agency |
| Date Test Results Provided | ___/___/_____ | ___/___/_____ | ___/___/_____ |
| If Results NOT Provided, Why? | <input type="checkbox"/> Refused Notification <input type="checkbox"/> Could Not Locate <input type="checkbox"/> Don't Know <input type="checkbox"/> Other, Specify: _____ | <input type="checkbox"/> Refused Notification <input type="checkbox"/> Could Not Locate <input type="checkbox"/> Don't Know <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Refused Notification <input type="checkbox"/> Could Not Locate <input type="checkbox"/> Don't Know <input type="checkbox"/> Other, Specify: _____ |

Additional testing variables continue on page 3.

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Enter or adhere Form ID | | | | | | | | | | | | | | | | | | | | | | |
| Client ID | | | | | | | | | | | | | | | | | | | | | | |
| Hepatitis C Test Results Continued | | | | | | | | | | | | | | | | | | | | | | |
| | Quantitative HCV RNA | HCV Genotype <i>(Required for ECHO Agencies; Optional for Non-ECHO Agencies)</i> | | | | | | | | | | | | | | | | | | | | |
| Test Date | __/__/____ | __/__/____ | | | | | | | | | | | | | | | | | | | | |
| Lab Type | <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | |
| Results | Insert viral load below <table border="1" style="width: 100%; height: 30px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Genotype 1 <input type="checkbox"/> Genotype 2 <input type="checkbox"/> Genotype 3 <input type="checkbox"/> Genotype 4 <input type="checkbox"/> Genotype 5 <input type="checkbox"/> Genotype 6 <input type="checkbox"/> Genotype 7 <input type="checkbox"/> Not Applicable |
| | | | | | | | | | | | | | | | | | | | | | | |
| Were Test Results Provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Results From Other Agency | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Results From Other Agency | | | | | | | | | | | | | | | | | | | | |
| Date Test Results Provided | __/__/____ | __/__/____ | | | | | | | | | | | | | | | | | | | | |
| If Results NOT Provided, Why? | <input type="checkbox"/> Refused Notification <input type="checkbox"/> Could Not Locate <input type="checkbox"/> Don't Know <input type="checkbox"/> Other, Specify: _____ | <input type="checkbox"/> Refused Notification <input type="checkbox"/> Could Not Locate <input type="checkbox"/> Don't Know <input type="checkbox"/> Other, Specify: _____ | | | | | | | | | | | | | | | | | | | | |
| Hepatitis Vaccine | | | | | | | | | | | | | | | | | | | | | | |
| Ever Had a Hepatitis Vaccine? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know | <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Not Asked | | | | | | | | | | | | | | | | | | | | |
| If yes, type of Hepatitis Vaccine (Select one) | <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hep A and Hep B | <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Not Asked | | | | | | | | | | | | | | | | | | | | |

| | |
|---|--|
| Post Test Follow-up | |
| Post Test Counseling (HCV Ab Positives and High Risk Ab Negatives) | |
| <input type="checkbox"/> Yes → | If yes, date: __/__/____ Type ↓ (Check all that apply) <input type="checkbox"/> Alcohol <input type="checkbox"/> Risk Reduction <input type="checkbox"/> Medical Education |
| <input type="checkbox"/> No → | If no, why? (Select one) <input type="checkbox"/> Declined <input type="checkbox"/> Lost to Follow-up <input type="checkbox"/> Not Offered <input type="checkbox"/> Other, Specify: _____ |
| <input type="checkbox"/> Don't Know | |
| Post Test Counseling (HCV RNA Positives Only) | |
| <input type="checkbox"/> Yes → | If yes, date: __/__/____ Type ↓ (Check all that apply) <input type="checkbox"/> Alcohol <input type="checkbox"/> Risk Reduction <input type="checkbox"/> Medical Education |
| <input type="checkbox"/> No → | If no, why? (Select one) <input type="checkbox"/> Declined <input type="checkbox"/> Lost to Follow-up <input type="checkbox"/> Not Offered <input type="checkbox"/> Other, Specify: _____ |
| <input type="checkbox"/> Don't Know | |
| Was Client Referred to Medical Care? (HCV RNA Positives Only) | |
| <input type="checkbox"/> Yes → | If yes, date: __/__/____ How linked? ↓ (Select one) <input type="checkbox"/> Set Up Appointment With Primary Care Physician <input type="checkbox"/> Set Up Appointment With Specialist <input type="checkbox"/> Referred to Medical Facility <input type="checkbox"/> Referred to Primary Care Physician <input type="checkbox"/> Referred to Specialist <input type="checkbox"/> Other, Specify: _____ |
| <input type="checkbox"/> No → | If no, why? (Select one) <input type="checkbox"/> Refused <input type="checkbox"/> Could Not Be Located <input type="checkbox"/> Not Offered <input type="checkbox"/> Don't Know <input type="checkbox"/> Other, Specify: _____ |
| <input type="checkbox"/> Don't Know | |

Additional post test follow-up variables continue on page 4.

| | |
|--|---|
| Enter or adhere Form ID | |
| Client ID | |
| Post Test Follow-up Continued | |
| Documentation of 1st Medical Appointment <i>(HCV RNA Positives Only)</i> | |
| <input type="checkbox"/> Yes → | If yes, date: ___ / ___ / _____ |
| <input type="checkbox"/> No → | If no, why? <input type="checkbox"/> Moved <i>(Select one)</i> <input type="checkbox"/> Deceased <input type="checkbox"/> Incarcerated <input type="checkbox"/> Declined to be linked <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Already in HCV Care <input type="checkbox"/> Don't Know <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> In Progress | |
| <input type="checkbox"/> Don't Know | |
| Antiviral Therapy (AVT) <i>(HCV RNA Positives Only)</i> <i>Required for ECHO Agencies; Optional for Non-ECHO Agencies</i> | |
| <input type="checkbox"/> Yes → | If yes, date: ___ / ___ / _____ |
| <input type="checkbox"/> No | AVT name: <input type="checkbox"/> Pegylated interferon and Ribavirin <i>(Select one)</i> <input type="checkbox"/> Pegylated interferon, Ribavirin and Telaprevir (Incivek) <input type="checkbox"/> Pegylated interferon, Ribavirin and Boceprevir (Victrelis) |
| <input type="checkbox"/> Don't Know | |
| Reported to Surveillance | |
| <input type="checkbox"/> Yes → | If yes, date: ___ / ___ / _____ |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Don't Know | |

Notes:

Codes for Agency ID

| | |
|--|--|
| 1 African Services Committee | 20 Ohio Asian American Health Coalition |
| 2 AIDS Resource Center of Wisconsin | 21 Seattle-Kings County Health Department |
| 3 Anthony Jordan Health Center | 22 Southern Arizona AIDS Foundation |
| 4 Asian Health Coalition | 23 St. Joseph's Hospital & Medical Center (Center for Liver & Hepatobiliary Disease) A Dignity Health Member |
| 5 City and County of San Francisco | 24 Tarzana Treatment Centers |
| 6 Damian Family Care Centers, Inc. | 25 HIV Education and Prevention Project of Alameda County |
| 7 Denver Health and Hospital Authority | 26 University of California at Davis |
| 8 Downeast AIDs Network Inc. | 27 University of California, San Diego |
| 9 Durham County | 28 University of Utah Health Care |
| 10 Emory University School of Medicine | 29 University of Texas, Health Science Center |
| 11 Family and Medical Counseling Service, Inc. | 31 University of Florida |
| 12 Fund for Public Health in NY, Inc. | 32 University of Illinois |
| 13 Fundacion Investigacion de Diego | 33 Virginia Department of Health |
| 14 Help PSI Services Corp. | 34 Hawaii Department of Health |
| 15 Hope Health Inc. | 35 Johns Hopkins University |
| 16 Med Star Health Research Institute | 36 University of Alabama |
| 17 Minnesota Department of Health | |
| 18 Multnomah County Health Department | |
| 19 National Nursing Centers Consortium | |

Codes for Site ID

Codes for Country of Origin

| | | | |
|---|--|--|--|
| US Codes | 67 Dominican Republic | 137 Marshall Islands | 206 Swaziland |
| 1 United States | 68 East Timor [Timor-Leste] | 138 Martinique [French Territory] | 207 Sweden |
| 2 American Samoa | 69 Ecuador | 139 Mauritania | 208 Switzerland |
| 3 Guam | 70 Egypt | 140 Mauritius | 209 Syrian Arab Republic |
| 4 Northern Mariana Islands | 71 El Salvador | 141 Mayotte [French Territory] | 210 Taiwan |
| 5 Pacific Trust Territories | 72 Equatorial Guinea | 142 Mexico | 211 Tajikistan |
| 6 Puerto Rico | 73 Eritrea | 143 Micronesia, Federated States of | 212 Tanzania, United Republic of |
| 7 Virgin Islands, U.S. | 74 Estonia | 144 Moldova, Republic of | 213 Thailand |
| 8 Wake Island | 75 Ethiopia | 145 Monaco | 214 Togo |
| 9 U.S. Misc Caribbean | 76 Falkland Islands [Malvinas] [British Territory] | 146 Mongolia | 218 Tokelau [New Zealand Territory] |
| 10 U.S. Misc Pacific #1 | 77 Faroe Islands [Danish Territory] | 147 Montenegro | 216 Tonga |
| | 78 Fiji | 148 Montserrat [British Territory] | 217 Trinidad and Tobago |
| Non-US Codes | 79 Finland | 149 Morocco | 219 Tunisia |
| 11 Afghanistan | 80 France | 150 Mozambique | 219 Turkey |
| 12 Albania | 81 French Guiana [French Territory] | 151 Myanmar [Burma] | 220 Turkmenistan |
| 13 Algeria | 82 French Polynesia | 152 Namibia | 221 Turks and Caicos Islands [British Territory] |
| 14 Andorra | 83 Gabon | 153 Nauru | 222 Tuvalu |
| 15 Angola | 84 Gambia | 154 Nepal | 223 Uganda |
| 16 Anguilla [British overseas territory] | 85 Georgia | 155 Netherlands | 224 Ukraine |
| 17 Antarctica | 86 Germany | 156 Netherlands Antilles | 225 United Arab Emirates |
| 18 Antigua and Barbuda | 87 Ghana | 157 New Caledonia [French Territory] | 226 United Kingdom |
| 19 Argentina | 88 Gibraltar [British Territory] | 158 New Zealand | 227 Uruguay |
| 20 Armenia | 89 Greece | 159 Nicaragua | 228 Uzbekistan |
| 21 Aruba | 90 Greenland | 160 Niger | 229 Vanuatu |
| 22 Australia | 91 Grenada | 161 Nigeria | 230 Venezuela |
| 23 Austria | 92 Guatemala | 162 Niue | 231 Vietnam |
| 24 Azerbaijan | 93 Guinea | 163 Norfolk Island [Australian Territory] | 232 Virgin Islands, British [British Territory] |
| 25 Bahamas | 94 Guadeloupe [French Territory] | 164 Norway | 233 Wallis and Futuna [French Territory] |
| 26 Bahrain | 95 Guinea-Bissau | 165 Oman | 234 Western Sahara |
| 27 Bangladesh | 96 Guyana | 166 Pakistan | 235 Yemen |
| 28 Barbados | 97 Haiti | 167 Palau | 236 Zambia |
| 29 Belarus | 98 Holy See (Vatican City State) | 168 Palestinian Territories | 237 Zimbabwe |
| 30 Belgium | 99 Honduras | 169 Panama | |
| 31 Belize | 100 Hong Kong | 170 Papua New Guinea | |
| 32 Benin | 101 Hungary | 171 Paraguay | |
| 33 Bermuda [British Territory] | 102 Iceland | 172 Peru | 777 Declined to Answer |
| 34 Bhutan | 103 India | 173 Philippines | 888 Other |
| 35 Bolivia | 104 Indonesia | 174 Poland | 999 Don't Know |
| 36 Bosnia and Herzegovina | 105 Iran, Islamic Republic of | 175 Portugal | |
| 37 Botswana | 106 Iraq | 176 Qatar | |
| 38 Brazil | 107 Ireland | 177 Reunion [French Island] | |
| 39 Britain Indian Ocean Territory [British Territory] | 108 Israel | 178 Romania | |
| 40 Brunei Darussalam | 109 Italy | 179 Russia | |
| 41 Bulgaria | 110 Jamaica | 180 Rwanda | |
| 42 Burkina Faso | 111 Japan | 181 Saint Christopher [Saint Kitts and Nevis] | |
| 43 Burundi | 112 Jordan | 182 Saint Helena [British Territory] | |
| 44 Cambodia | 113 Kazakhstan | 183 Saint Lucia | |
| 45 Cameroon | 114 Kenya | 184 Saint Pierre and Miquelon [French Territory] | |
| 46 Canada | 115 Kiribati | 185 Saint Vincent and the Grenadines | |
| 47 Cape Verde | 116 Korea, Democratic People's Republic of (North) | 186 Samoa | |
| 48 Cayman Islands [British Territory] | 117 Korea, Republic of (South) | 187 San Marino | |
| 49 Central African Republic | 118 Kuwait | 188 Sao Tome and Principe | |
| 50 Chad | 119 Kyrgyzstan | 189 Saudi Arabia | |
| 51 Chile | 120 Lao People's Democratic Republic | 190 Senegal | |
| 52 China | 121 Latvia | 191 Serbia | |
| 53 Colombia | 122 Lebanon | 192 Seychelles | |
| 54 Comoros | 123 Lesotho | 193 Sierra Leone | |
| 55 Congo | 124 Liberia | 194 Singapore | |
| 56 Congo, the Democratic Republic of the [Zaire] | 125 Libyan Arab Jamahiriya | 195 Slovakia | |
| 57 Cook Islands | 126 Liechtenstein | 196 Slovenia | |
| 58 Costa Rica | 127 Lithuania | 197 Solomon Islands | |
| 59 Cote d'Ivoire [Ivory Coast] | 128 Luxembourg | 198 Somalia | |
| 60 Croatia | 129 Macao | 199 South Africa | |
| 61 Cuba | 130 Macedonia, the Former Yugoslav Republic of | 200 South Sudan | |
| 62 Cyprus | 131 Madagascar | 201 Spain | |
| 63 Czech Republic | 132 Malawi | 202 Spanish North Africa | |
| 64 Denmark | 133 Malaysia | 203 Sri Lanka | |
| 65 Djibouti | 134 Maldives | 204 Sudan | |
| 66 Dominica | 135 Mali | 205 Suriname | |
| | 136 Malta | | |