

- Data Entry
- Enter Test Information
- View Test Information
- Upload Data
- Reports
- Agency Data
- Intervention
- Other

Hepatitis TLC

Form ID:

Site:

Funding:

Client Demographics

Client ID:

Country of Origin:

Year of Birth:

Gender:

- Male
- Female
- Transgender
- Declined to answer
- Missing
- Other, specify

Specify Other Gender:

Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Don't Know
- Declined to Answer
- Missing Race

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino
- Don't Know
- Declined to answer
- Missing

Health Insurance:

- Yes
- No
- Don't Know
- Declined to Answer
- N/A

If yes, what type?

- Public
- Private
- Other
- Don't know
- Declined to answer

Risk Factors

Injection Drug Use (Hepatitis B):

- Ever, yes
- Ever, no
- Don't Know
- Declined to Answer
- Not Asked
- Missing

If yes, in the past 12 months (Hepatitis B)?

- Yes
- No
- Don't Know

- Declined to Answer
- Not Asked
- Missing

Man who has had Anal Sex with a Man or Male Transgender:

- Ever, yes
- Ever, no
- Dont Know
- Declined to Answer
- Not Asked
- Missing

If yes, in the past 12 months?

- Yes
- No
- Dont Know
- Declined to Answer
- Not Asked
- Missing

Household Contact with a Person Known to be Infected with HBV:

- Ever, yes
- Ever, no
- Dont Know
- Declined to Answer
- Not Asked
- Missing

If yes, in the past 12 months?

- Yes
- No
- Dont Know
- Declined to Answer
- Not Asked
- Missing

Sexual Partner of Person Infected with HBV:

- Yes
- No
- Dont Know
- Declined to Answer
- Not Asked
- Missing

Multiple Sexual Partners:

- Yes
- No
- Dont Know
- Declined to Answer
- Not Asked
- Missing

Self-reported Pregnancy Status:

- Yes
- No
- Dont Know
- Declined to Answer
- Not Asked
- Missing

HIV Positive Status (Hepatitis B):

- Yes
- No
- Dont Know
- Declined to Answer
- Not Asked
- Missing

If yes, source of HIV positive status (Hepatitis B):

- Self-reported

- Documented Result
- Don't know
- Declined to Answer
- Not asked
- Missing

Ever injected drugs
(Hepatitis C):

- Ever, yes
- Ever, no
- Don't Know
- Declined to Answer
- Not Asked
- Missing

If yes, in the past 12 months
(Hepatitis C)?

- Yes
- No
- Don't Know
- Declined to Answer
- Not Asked
- Missing

HIV Positive (Hepatitis C):

- Yes
- No
- Don't Know
- Declined to Answer
- Not Asked
- Missing

If yes, source of HIV positive
status (Hepatitis C):

- Self-reported
- Documented Result
- Don't know
- Declined to Answer
- Not asked
- Missing

Hepatitis B Surface Antigen (HBsAg)

Test Date:

Lab Type:

- Public
- Private
- Unknown
- N/A


Results:

- Positive
- Negative
- Indeterminate
- Invalid
- No Result
- N/A

Were Test Results Provided?

- Yes
- No
- Yes, client obtained the result from another agency

Date Test Results Provided:


 

If Results NOT Provided,
Why?

- Refused
- Could not be located
- Not Offered
- Don't know
- Other, specify

Other Reason Result Not
Returned:


Hepatitis B Core Antibody (Anti-HBc)

Test Date: 

Lab Type: Public
 Private
 Unknown
 N/A

Results: Positive
 Negative
 Indeterminate
 Invalid
 No Result
 N/A


Were Test Results Provided? Yes
 No
 Yes, client obtained the result from another agency

Date Test Results Provided: 

If Results NOT Provided, Why? Refused notification
 Did not return/Could not locate
 Don't know
 Other, Specify

Other Reason Result Not Returned:

Hepatitis C Virus Antibody (HCV Ab)


Test Date: 

Laboratory Type: Public
 Private
 Unknown
 N/A

Test Technology: Rapid
 EIA


Test Result: Positive
 Negative
 Indeterminate
 Invalid
 No Result
 N/A

Were Test Results Provided? Yes
 No
 Yes, client obtained the result from another agency

Date Test Results Provided: 

If results NOT provided, why? Refused notification
 Did not return/Could not locate
 Don't know
 Other, Specify

Other Reason Result Not Returned:

Show Additional Hep C Virus Antibody Test: 

Additional Hepatitis C Virus Antibody (HCV Ab)


Test Date: 

Laboratory Type: Public
 Private
 Unknown
 N/A

Test Technology: Rapid
 EIA
 RIBA


Test Result: Positive
 Negative
 Indeterminate
 Invalid
 No Result
 N/A

Were Test Results Provided? Yes
 No
 Yes, client obtained the result from another agency


Date Test Results Provided: 

If Results NOT Provided, Why? Refused notification
 Did not return/Could not locate
 Don't know
 Other, Specify

Other Reason Result Not Returned:

Show Qualitative Hep C Virus RNA Test: 


Qualitative HCV RNA

Test Date: 

Lab Type: Public
 Private
 Unknown
 N/A


Results: Positive
 Negative
 Indeterminate
 Invalid
 No Result
 N/A

Were Test Results Provided? Yes
 No
 Yes, client obtained the result from another agency


Date Test Results Provided: 

If Results NOT Provided, Why? Refused notification
 Did not return/Could not locate
 Don't know
 Other, Specify

Other Reason Result Not Returned:

Show Quantitative Hep C Virus RNA Test: 


Quantitative HCV RNA

Test Date: 

Lab Type: Public
 Private
 Unknown
 N/A

Results:


Were Test Results Provided: Yes
 No
 Yes, client obtained the result from another agency

Date Test Results Provided: 

If Results NOT Provided, Why?
 Refused notification
 Did not return/Could not locate
 Don't know
 Other, Specify

Other Reason Result Not Returned:


HCV Genotype

Test Date: 

Lab Type: Public
 Private
 Unknown
 N/A

Results: Genotype 1
 Genotype 2
 Genotype 3
 Genotype 4
 Genotype 5
 Genotype 6
 Genotype 7
 N/A

Were Test Results Provided? Yes
 No
 Yes, client obtained the result from another agency

Date Test Results Provided: 

If Results NOT Provided, Why?
 Refused notification
 Did not return/Could not locate
 Don't know
 Other, Specify

Other Reason Result Not Returned:

Hepatitis Vaccine

Ever Had a Hepatitis Vaccine: Yes
 No
 Don't Know
 Declined to Answer
 Not Asked
 Missing

Type of Hepatitis Vaccine: Hepatitis A
 Hepatitis B
 Hep A and Hep B
 Don't know
 Declined to Answer

Not asked

Missing

Post Test Counseling (HBsAg Positives and High Risk Negatives Only)

Post Test Counseling: Yes
 No
 Don't Know

If yes, date: 

Alcohol: Yes
 No
 Don't Know

Risk Reduction: Yes
 No
 Don't Know

Medical Education: Yes
 No
 Don't Know

If no, Why? Declined
 Lost to Follow Up
 Not Offered
 Other, specify

Other Reason No Post Test Counseling:

Post Test Counseling (HCV AB Positives and High Risk AB Negatives)

Post Test Counseling: Yes
 No
 Don't Know

If yes, Date: 

Alcohol: Yes
 No
 Don't Know

Risk Reduction: Yes
 No
 Don't Know

Medical Education: Yes
 No
 Don't Know

If no, why? Declined
 Lost to Follow Up
 Not Offered
 Other, specify

Other Reason No Post Test Counseling:

Post Test Counseling (HCV RNA Positives Only)

Post Test Counseling: Yes
 No
 Don't Know

If yes, Date: 

Alcohol: Yes
 No

Don't Know

Risk Reduction:

- Yes
- No
- Don't Know

Medical Education:

- Yes
- No
- Don't Know

If no, why?

- Declined
- Lost to Follow Up
- Not Offered
- Other, specify

Other Reason No Post Test Counseling:

Referral To Medical Care (HBsAg Positives Only)

Was client Referred to Medical Care?

- Yes
- No
- Don't Know

If yes, Date:

How linked?

- Set up appointment with primary care physician
- Set up appointment with specialist
- Referred to medical facility
- Referred to primary care
- Referred to specialist
- Other, specify
- Missing

Other Linkage:

If no, why?

- Refused
- Could not be located
- Not Offered
- Don't know
- Other, specify

Other Linkage:

Documentation of 1st Medical Appointment

Document of 1st Medical Appointment:

- Yes
- No
- In Progress
- Don't Know

If Yes, Date:

If No, why?

- Moved
- Deceased
- Incarcerated
- Declined to Be Linked
- Lost to Follow Up
- Already in Care
- Don't Know
- Other, specify

Other Reason why not attend:

Referral To Medical Care (HCV RNA Positives Only)

Was client Referred to Medical Care?

- Yes
- No

Don't Know

If yes, Date:



How linked?

- Set up appointment with primary care physician
- Set up appointment with specialist
- Referred to medical facility
- Referred to primary care
- Referred to specialist
- Other, specify
- Missing

Other Linkage:

If no, why?

- Refused
- Could not be located
- Not Offered
- Don't know
- Other, specify

Other Linkage:

Documentaion of 1st Medical Appointment

Document of 1st Medical Appointment:

- Yes
- No
- In Progress
- Don't Know

If Yes, Date:



If No, why?

- Moved
- Deceased
- Incarcerated
- Declined to Be Linked
- Lost to Follow Up
- Already in Care
- Don't Know
- Other, specify

Other Reason why not attend:

Antiviral Therapy (AVT) (HCV RNA Positives Only)

Antivrial Therapy:

- Yes
- No
- Don't Know

If yes, Date:



AVT Name:

- Pegylated Interferon and Ribavirin
- Pegylated Interferon, Ribavirin and Telaprevir (Incivek)
- Pegylated Interferon, Ribavirin and Boceprevir (Victrelis)
- Don't Know
- Missing

Surveillance (Hepatitis B)

Reported To Surveillance:

- Yes
- No
- Don't Know

If yes, Date:



Surveillance (Hepatitis C)

Reported To Surveillance:

- Yes
- No
- Don't Know

If yes, Date:



Return to Admin

Email Administrator

Logout

If yes, Date:

Lock Form:

Submit Form

Print Form

Build: \$(env:BUILD_NUMBER)