



- 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)