



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH



HEPATITIS CASE REPORT FORM

HEALTH PROVIDER INFORMATION

Submitted by:  Date:   
 Hospital/Laboratory/Physician:  Phone No.:   
 Patient Notified of Lab Results:  Yes  No Outcome:  Survived  Died  Unknown

PATIENT INFORMATION

Last Name:  First Name:   
 ⇒ Address:  City/State:  Zip:   
 ⇒ Home Phone:  Work Ph:  Cell/Other Ph:   
 ⇒ Date of Birth: (mm/dd/yyyy)  Sex:  Male  Female  
 ⇒ Race:  Black  White  Native American/Alaskan  Asian/Pacific  Unknown  
 ⇒ Ethnicity:  Hispanic or Latino  Non-Hispanic or Latino  Unknown  
 ⇒ If Patient is a minor, Name of Parent(s):   
 ⇒ Occupation/School:   Food Handler  Child Caregiver  Attends School/Daycare  
 ⇒ Household contacts, names, age:

CLINICAL INFORMATION

⇒ Hepatitis:  A, Acute  A, Non-Acute  B, Acute  B, Chronic  C, Acute  C, Chronic/Resolved  
 ⇒ Onset Date:  Admission Date/Seen:  Discharge Date:   
 ⇒ Symptoms and Duration:   
 ⇒ Past Medical History:   
 ⇒ Is the patient pregnant?:  Yes  No If yes, expected date of delivery?:

DIAGNOSTIC TEST (Collection Date / Test / Result)

<input type="text"/> Total antibody, Hepatitis A ( <b>total anti-HAV</b> ) <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate/Unknown	<input type="text"/> IgM antibody, Hepatitis A ( <b>IgM anti-HAV</b> ) <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate/Unknown
<input type="text"/> Surface antigen, Hepatitis B ( <b>HBsAg</b> ) <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate/Unknown	<input type="text"/> Surface antibody, Hepatitis B ( <b>anti-HBs</b> ) <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate/Unknown
<input type="text"/> Total antibody, Hep B antigen ( <b>total anti-HBc</b> ) <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate/Unknown	<input type="text"/> IgM antibody, Hep B core ( <b>IgM anti-HBc</b> ) <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate/Unknown
<input type="text"/> Antibody, Hepatitis C ( <b>anti-HCV</b> ) <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate/Unknown	<input type="text"/> anti-HCV signal to cut-off ratio ( <b>S/CO</b> ) <input type="text"/>
<input type="text"/> Supplemental anti-HCV (e.g., RIBA) <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate/Unknown	<input type="text"/> RNA, Hepatitis C (e.g., PCR) <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate/Unknown

Additional Comments/Laboratory Results:

**At a minimum, reports must include information for the rows marked with an arrow "⇒" symbol.** When complete, fax or mail this form to: Strategic Information Bureau, HIV/AIDS Administration, 64 New York Avenue, N.E., Suite 5001, Washington, DC 20002, TEL: (202) 671-4900, FAX: (202) 671-5094