

Reporting Form

Rapid HCV Testing



Patient Information			
First Name	Last Name	Middle	
Street Address			
City	County	State	ZIP
Home phone	Other phone	Email	
Current Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown		Date of Birth (mm/dd/yyyy):	
Gender Identity: <input type="radio"/> Cisgender (gender assigned at birth) <input type="radio"/> MTF (Male-to-Female) <input type="radio"/> FTM (Female-to-Male) <input type="radio"/> Genderqueer <input type="radio"/> Other (specify): _____			
Sexual Orientation: <input type="radio"/> Bisexual <input type="radio"/> Straight or Heterosexual <input type="radio"/> Lesbian, Gay or Homosexual <input type="radio"/> Other (specify): _____			
Race (Check all that apply): <input type="radio"/> Caucasian <input type="radio"/> African American <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Asian <input type="radio"/> Hawaiian/Pacific Islander <input type="radio"/> Unknown <input type="radio"/> Other(specify): _____			
Hispanic Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Latino <input type="radio"/> Unknown			
How did you learn about this Hepatitis C testing opportunity? <input type="radio"/> Radio <input type="radio"/> Newspaper <input type="radio"/> Text message <input type="radio"/> Flyer <input type="radio"/> Website <input type="radio"/> Social media (Facebook, X/Twitter, Instagram) <input type="radio"/> Other (put in comments)			
Clinical Information			
Testing Date (mm/dd/yyyy): _____		Is the patient jaundiced? <input type="radio"/> Yes <input type="radio"/> No	
Is the patient experiencing symptoms of acute hepatitis (including: fever, headache, malaise, anorexia, nausea, vomiting, diarrhea or abdominal pain)? <input type="radio"/> Yes <input type="radio"/> No			
Test Result: <input type="radio"/> Reactive <input type="radio"/> Non-Reactive <input type="radio"/> Invalid			
Risk Factor Questions			
	Ever	In last 6 months	
1. Previously diagnosed with Hep C?	<input type="radio"/> Yes <input type="radio"/> No		
2. Used a needle to inject drugs?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
2a. If yes , shared needles, syringes, or other equipment?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
3. Snorted or smoked drugs?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
3a. If yes , shared drug use equipment?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
4. Experienced incarceration for longer than 24 hours?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
4a. If yes , Prison?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
4b. If yes , Jail?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
4c. If yes , Juvenile Facility?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No



Reporting Form

Rapid HCV Testing



	Ever	In last 6 months
5. Contact with someone living with Hep C?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5a. If yes , sexual contact?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5b. If yes , household contact?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5c. If yes , other contact (specify) : _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6. Received non-commercial tattoo(s) or piercing(s)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
7. Experienced homelessness or unstable housing?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8. Worked in medical or dental field involving direct contact with human blood?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
9. Had multiple sex partners?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Testing Agency		
Name of Tester		
Name of Testing Agency		
Agency County		
Agency Phone Number		
Comments or Additional Information		

Copy and fax completed forms to the IDOH Viral Hepatitis Surveillance Team at 317-233-7663.

