

HEPATITIS B TESTING REGISTRATION



A) CLIENT INFORMATION

Last (family) Name	M.I.	First (given) Name	Date of Birth (MM/DD/YY) / /	Other ID
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	Ethnicity <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Thai <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Other API : _____			
Primary Language(s)	How many people live in your household in addition to yourself?			
Country of Birth	Year Arrived in US	Mother's Country of Birth	Father's Country of Birth	

B) CONTACT INFORMATION

Home Phone Number (with area code) ()		Work Phone ()	Cell Phone ()	
Street Address	Apt #	City	State	Zip Code
E-mail address		Preferred Primary Contact <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> E-mail		

C) QUESTIONS

Have you ever been vaccinated for Hepatitis A?	Yes	No	Not Sure	If yes, how many?
Have you ever had a blood test for Hepatitis B?	Yes	No	Not Sure	If yes, do you know your test result?
Have you ever been vaccinated for Hepatitis B?	Yes	No	Not Sure	If yes, how many?
Has a doctor ever told you that you have Hepatitis B?	Yes	No	Not Sure	
Does anyone in your family have or had Hepatitis B?	Yes	No	Not Sure	If yes, who?
Have you ever had a blood test for Hepatitis C?	Yes	No	Not Sure	If yes, do you know your test result?
Has a doctor ever told you that you have Hepatitis C?	Yes	No	Not Sure	
Have you ever been tested for liver disease?	Yes	No	Not Sure	If yes, do you know your test result?
Do you have a family history of Liver Cancer?	Yes	No	Not Sure	If yes, who?
Do you have health insurance?	Yes	No	Not Sure	If yes, name of insurance company
Do you currently have a primary care doctor?	Yes	No	Not Sure	If yes, name & city of provider

DO NOT COMPLETE NEXT SECTION (CLINIC USE ONLY)

Date of Screening	HepBsAg Status	HepBsAb Status	Lab Requisition #	Date client contacted or results mailed

**CONSENT AND RELEASE OF INFORMATION
FOR
CHRONIC HEPATITIS B SCREENING**



*California Pacific
Medical Center*
A Sutter Health Affiliate
With You. For Life.

I hereby consent to the drawing of a blood sample by California Pacific Medical Center to determine whether I am infected with hepatitis B, protected or need vaccination.

Procedure

One tube of blood will be drawn from a vein in your arm and tested for certain proteins: hepatitis B surface antigen and hepatitis B surface antibody. These tests will indicate whether you are a hepatitis B carrier, whether you are already protected against hepatitis B or if you need vaccination.

The possible complications of blood drawing can include pain and bruising in the area of where the blood is taken and also fainting. This test will not detect very recent infection with hepatitis B. As with all laboratory tests, in rare cases, results may be inaccurate.

Purposes of Screening and Disclosure

The purpose of the testing is to determine your hepatitis B infection or protection status. In compliance with HIPAA, by signing this form, you are authorizing Quest Diagnostics to disclose the test results to California Pacific Medical Center. CPMC will notify you of the test results by United States Postal Service mail in about two weeks and/or by phone contact with you directly. In addition, any positive hepatitis B results will be reported to the San Francisco County Department of Public Health in accordance with applicable law. Except as described above, any personal information gathered in the course of this blood drawing and screening will remain confidential to the extent permitted by law.

Cost and Follow-Up Treatment

The blood drawing and blood tests will be performed at no cost to you. If you test positive for hepatitis B, you will receive referral information and written care guidelines for chronic hepatitis B infection. If you test negative for hepatitis B, and you have not already been successfully vaccinated, you will receive instructions on getting a hepatitis B vaccination series at CPMC. You will also receive information about the risks and benefits of the hepatitis B vaccines.

Voluntary Participation and Additional Information

The hepatitis B screening procedure and this consent form are voluntary and for your own benefit. You hereby release the California Pacific Medical Center and its affiliated entities and their respective officers, employees, successors and assigns from any liability arising from or in any way connected with this blood drawing for the tests indicated above. If you have additional questions, you can contact Jackson Wong by email at WongJJ@sutterhealth.org.

Name: _____
(please print)

Staff Name: _____

Signature: _____

Staff Signature: _____

Date: _____

Date: _____

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