Kentucky Department for Public Health

HCV RNA Quantitative Testing Patient Information Log

CLINIC SITE: _____ **County:** _____

Please use the following to identify:

Race	**Ethnicity**	**Tattoos**
W-White	**NH**-non-Hispanic	**P**-Professional
B-Black	**H**-Hispanic	**H**-Homemade
A-Asian		
M-multiracial		

PSEUDO # = Date of test + client Initial	**Date of birth**	**Rapid test results**	**Confirmatory Test results**	**Viral load #**	**Gender** M/F	**Race**	**Ethnicity**	**ZIP Code**	**Age**	**Hx IV Drug use** Y/N	**Hx multiple sex partners** Y/N	**MSM** Y/N	**Recent exp. to known Hep C + person** Y/N	**HIV test this visit** O = oral T = Blood	**HIV status** P-Pos **N**- Neg	**Country of Origin**	**Previous STD** Y/N	**Tattoos** Y/N **If yes, P/H**	**History of incarceration in jail or prison Y/N**	**Provider initials**

*Email log to Kathyj.sanders@ky.gov by 15th of the month

Instructions: Identified LHD healthcare staff should enter HCV data using the Kentucky HCV RNA Quantitative Patient Information Log. Data analysis should be reported monthly to kathyj.sanders@ky.gov; Additional monitoring and reporting of HCV Counseling and Referral tracking to HCV diagnostic testing, care, treatment and other supportive services. Data management assistance should be requested from the LHD Regional Epidemiologist.

FORM: HCV 3 April 2016