

# HCV testing Pilot study

\_\_\_\_\_

DATE OF TEST

\_\_\_\_\_

SUBMITTING COUNTY

\_\_\_\_\_

COUNTY OF RESIDENCE

\_\_\_\_\_

ZIPCODE OF RESIDENCE

ORA-QUICK ID

OQ \_\_\_\_\_

TESTING SETTING

- Jail  Community-based Org.  
 Health Dept  Needle exchange site  
 Other \_\_\_\_\_

## DEMOGRAPHICS

SEX

- female  male

HISPANIC or LATINO

- yes  no  unknown

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

or, if unknown, AGE <sup>m</sup> \_\_\_\_ <sup>d</sup> \_\_\_\_ <sup>y</sup> \_\_\_\_

PLACE OF BIRTH

- US  
 Other \_\_\_\_\_

RACE

- White  American Indian or Alaska native  
 Black/African American  Unknown  
 Asian  Refused to answer  
 Native Hawaiian or Pacific Islander  Other \_\_\_\_\_

## PATIENT HISTORY / RISK FACTORS

yes no unk

- Born between 1945-1965  
   Received a blood transfusion prior to 1992  
   Received an organ transplant prior to 1992  
   Received clotting factor concentrates produced prior to 1987  
   Ever on long-term hemodialysis  
   Ever injected drugs not prescribed by a doctor even if only once or a few times  
*If yes, primary drug injected (select only one):*  
 Methamphetamine/Speed  
 Heroin  
 Cocaine  
 Speedball (cocaine & heroin together)  
 Other \_\_\_\_\_

Year of most recent injection drug use (if applicable): \_\_\_\_\_

yes no unk

- Are needle exchange services available in your county?  
  *If yes, do you use these services?*  
   Employed in a medical or dental field involving direct contact with human blood  
   Ever incarcerated  
   Ever had a sexually transmitted disease  
   Is the patient a man who ever (even if only once) had sex with another man (MSM)?  
   Ever a contact of a person who had hepatitis  
*If yes, type of contact:*  
 Sexual  
 Household (non-sexual)  
 Shared needles/works  
 Other \_\_\_\_\_

## TESTING HISTORY

yes no unk

- Ever tested for HCV before  
*If yes, last HCV test date (mo/year) \_\_\_\_\_*  
Result  Reactive  Non-reactive  
 Invalid  Do not know

## TEST TYPE

- Rapid  
Rapid results given to person  
 yes  no  unknown

## RESULTS

- For Rapid Test**  
 Reactive  
 Non-reactive  
 Invalid

## FOLLOW-UP (FOR INDIVIDUALS WHO SCREEN POSITIVE OR REACTIVE)

yes no unk

- Referred patient to medical care. If yes, please name clinic or program. \_\_\_\_\_

## SUBMISSION INSTRUCTIONS

Forms should be submitted by mail to ACDP bi-weekly.

OPHD/ACDP  
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