



PVDOMICS STUDY

Clinical Center Hepatitis Screen Results Form # 204

Instructions: One test result per participant is expected.

- If participant has a previously positive hepatitis screen, that result is acceptable and there is no need to repeat the screen.
- If participant has a previously negative hepatitis screen completed within the past year, that result is acceptable and there is no need to repeat the screen.

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1. Identification Number

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2. Alphacode

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3. Date blood collected (mm/dd/yyyy)

4. Historical data used? (0=No, 1=Yes)..... _____
5. Hepatitis B Core Antibody (0=Negative, 1=Positive) _____
6. Hepatitis C Antibody (0=Negative, 1=Positive) _____
7. Hepatitis B surface Antigen (0=Negative, 1=Positive) _____
8. Hepatitis B surface Antibody (0=Negative, 1=Positive, 2=Not obtained, 3=Indeterminate) _____

200. Date form completed (mm/dd/yyyy)....._____/_____/_____

201. Username of person completing/reviewing completeness of this form....._____

Clinical Center Use Only

Date form entered (mm/dd/yyyy) ____/____/_____

Username of person entering this form _____