**Note Templates for Hepatitis C**

**New Hep C:**

Hepatitis C **[Ab/ core antigen/ PCR]** positive result received.

Testing Provider: [ insert name, testing clinic].

Reason for testing:

eChart accessed:

Client’s last negative Hep C test was **[insert date]. OR-**

Client has no previous history of hepatitis C testing x **[insert time frame]** years.

Additional Hepatitis/ STBBI testing completed **[insert date]** –

Hep C PCR **[not detected/ not done – delete line if client is PCR positive on PH report]**

Hepatitis B sAb **[not done/ positive/ negative]**

Hepatitis B sAg **[not done/ positive/ negative]**

Hepatitis B interpretation **[unknown/ susceptible/ immune]**

**[acute/ chronic** interpretation when additional Hep B markers available]

Hepatitis A Ab IgG **[not done/ positive/ negative]**

Hepatitis A Ab IgM **[not done/ positive/ negative]**

Hepatitis A interpretation **[unknown/ susceptible/ immune/ acute]**

Most recent locating info as follows – **[list phone number and address and date those were recorded in eChart]**

Per immunization record, client [has/ has not] been immunized for HBV/ HAV [ if immunized, insert details]

PLAN: Initiate follow-up with testing provider to proceed with Hepatitis C investigation as per process.

**Previously dx Hep C:**

Hepatitis C **[Ab/ core antigen/ PCR]** positive result received.

Testing Provider: [ insert name, testing clinic].

Reason for testing:

eChart accessed:

Client has history of HCV.   1st positive result **[antibody/ core antigen/ PCR]** on **[insert date]**.

**[Delete if not applicable:]** 2 sequential negative HCV PCR results **[insert dates]**.

Additional STBBI testing completed **[insert date]** –

Hepatitis B sAb **[not done/ positive/ negative]**

Hepatitis B sAg **[not done/ positive/ negative]**

Hepatitis B interpretation **[unknown/ susceptible/ immune]**

**[acute/ chronic** interpretation when additional Hep B markers available]

Hepatitis A Ab IgG **[not done/ positive/ negative]**

Hepatitis A Ab IgM **[not done/ positive/ negative]**

Hepatitis A interpretation [unknown/ susceptible/ immune/ acute]

Most recent locating info as follows – **[list phone number and address and date those were recorded in eChart]**

Per immunization record, client **[has/ has not]** been immunized for HBV/ HAV **[ if immunized, insert details]**

PLAN: If no previous (completed) investigation on-file, Initiate follow-up with testing provider to proceed with Hepatitis C investigation as per process.