



Connecticut Department of Public Health Hepatitis C Program

HCV Rapid Test Report Form – Positive Results Only!

Agency Name: _____ Date: _____

Full Name of HCV Tester: _____ Phone: (____) _____

Patient information

Name: _____ DOB: _____ Phone: (____) _____

Street address: _____ City: _____ State: _____ Zip: _____

Country of birth: USA Unknown Other (specify): _____

Client Assigned Sex at Birth: Male Female Declined to Answer

Client Current Gender Identity: Male Female Transgender Male to Female Transgender Female to Male
 Transgender Unspecified Another Gender: _____ Declined to Answer

Ethnicity: Hispanic Non-Hispanic Unknown

Race: Black White Asian Hawaiian/PI American Indian Unknown other (specify): _____

Person Previously Diagnosed with HCV? No Yes Unknown

HCV Rapid Test Result	Result	Date
Antibody Rapid Test	Positive	
Referred for PCR test: <input type="checkbox"/> No <input type="checkbox"/> Yes		
PCR Test Result (if referred):	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	

Risk Factors (check all that apply):	Yes	No	Unknown	Notes
Blood transfusion prior to 1992				
Organ transplant prior to 1992				
Clotting factors prior to 1987				
Long term hemodialysis				
Employed in a medical/dental field involving direct contact with blood				
Injection drug use, past or present (even if only once)				
Used street drugs but did not inject				
History of incarceration				
Tattoo				
Household contact of a person who had Hepatitis C, non-sexual				
Sexual contact with a person who had Hepatitis C				
Treated for a sexually transmitted disease				
Man who has sex with men				
Other risk specify:				
Number of sex partners (lifetime):				

Please send fax to RightFax at 860-730-8404 or mail in an envelope marked confidential to:

Susan Major

CT DPH, 410 Capitol Ave, MS #11APV, Hartford CT 06134

For more information, contact Susan Major at susan.major@ct.gov