Testing Agency:

Tester: Cell:

|  |
| --- |
| Demographics |
|  Client Name In-house Client ID Phone City of Residence Zip Code County of ResidenceDOB: \_\_\_\_ Health Insurance: Ever had Medicare? □ Yes □ No Gender: □ Male □ Female □ Transgender **Ethnicity** (mark only one): **Race** (mark all that apply): □ Decline to Answer **Race** (mark all that apply): □ Decline to Answer □ Asian □ Native Hawaiian/Pacific Islander□ Black or African American □ Native American or Alaskan Native□ White □ Other □ Hispanic or Latino □ Asian □ Native Hawaiian/Pacific Islander□ Non-Hispanic or Latino □ Black or African American □ Native American or Alaskan Native□ Decline to Answer □ White □ Other   |
| Injection Drug Use / HCV Testing History / Co-infection |  |
| Self-reported testing history: Self-reported HCV status: HIV / HBV Status:  □ Never tested before □ Ab negative □ **HIV** positive  □ Yes, tested previously □ Ab positive □ HIV negative  □ Don’t know □ RNA positive □ Don’t know HIV status □ Decline to answer □ Don’t know □ **HBV** positive □ Declined to answer □ HBV negative □ Don’t know HBV status **Ever injected drugs?** □ **No** □ **Yes Date of last use:\_\_\_\_\_\_\_\_\_\_\_**  |
| HCV Test | Linkage Continuum |
| Test Date (Month / Year): \_\_\_\_\_/\_\_\_\_\_\_\_Test Results: □ Ab+ □ RNA Negative □ RNA PositiveClient given RNA+ results? □ Yes □ NoRNA+ client given HCV education  □ Yes □ No | HCV/RNA Positive Client Linked: **Kept 1st Medical Appointment**: □ **Client educated** □ Primary □ Specialty □ In-house Tx Care Care**Month / Year:** \_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_ \_\_\_\_  **If not linked, why?**  □ In progress (linkage package sent to Linkage Navigator) □ Moved out of state □ Deceased or terminally ill □ Incarcerated □ Declined linkage □ Wrong Contact Info □ Already in HCV Care □ Lost to follow-up/received result □ Lost to follow-up/did not receive result |