Perinatal Hepatitis C Fax Form

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Send by **confidential fax (253) 649-1389** or call **24-hour reporting line (253) 649-1413**.

A Fill out this section to notify the Health Department of a **pregnant woman with positive hepatitis C (HCV) results**.

Patient
Name (last, first)
Address
City, State Zip
Phone
Date of Birth (m/d/yy)
Race (check all that apply) ❑ Am. Indian/AK Native ❑ Asian ❑ Black ❑ Native HI/Other PI ❑ White ❑ Unknown
Hispanic ❑ Yes ❑ No ❑ Unknown
Estimated Date of Delivery (m/d/yy)

Reporter
Today's Date (m/d/yy)
Name
Provider
Agency
Phone
Was patient notified of positive HCV? ❑ Yes ❑ No
Does patient have a history of HCV? ❑ Yes ❑ No ❑ Unknown
Does patient have other children? ❑ Yes ❑ No

Lab Results—Fax labs along with this form.	
HCV Antibody Results ❑ Negative ❑ Positive—**Requires RNA test.**	**HCV RNA Results** ❑ Negative ❑ Positive

B Fill out this section after the **birth of exposed infant or ❑ This pregnancy did not result in a live birth**.

Infant
Name (last, first)
Date of Birth (m/d/yy)
Address or ❑ Same as above
Was patient notified of the need to test infant for HCV? ❑ Yes ❑ No
Where was mother referred for HCV treatment?

Pediatric Healthcare Provider
Today's Date (m/d/yy)
Pediatrician Name
Phone
Was pediatrician notified of infant's exposure to HCV? ❑ Yes ❑ No