



Hepatitis Collection Form for Ohio Residents receiving High Risk Organs

Patient (Recipient) Demographics

Date completed (mm/dd/yyyy):

Last name	First name	Middle name	Date of birth (mm/dd/yyyy)
Address (number and street)		City and state	Zip code
Phone number			
Race (check all that apply)		Ethnicity	Sex at birth
<input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Unknown <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other _____		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown

Transplant Information

Date of transplant (mm/dd/yyyy):	Transplant facility _____
Organ(s) transplanted <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Heart <input type="checkbox"/> Lungs <input type="checkbox"/> Other _____	

Laboratory Information

Patient (recipient) pre-operative Hepatitis B and C bloodwork <input type="checkbox"/> attached <input type="checkbox"/> unable to obtain

Post-Transplant HCV Treatment Information

Start date of treatment (mm/dd/yyyy):	Medication name
Dosage	Frequency
Length of treatment	weeks

Donor Information

Donor considered PHS Increased Risk Donor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Please specify any known risk factors (e.g., overdose death)
UNOS ID _____
Organ Procurement Organization (OPO) if known:
If donor was an Ohio resident, please provide: Donor's name _____
(If known) Date of birth (mm/dd/yyyy)
Date of death (mm/dd/yyyy)

Hepatitis C status of donor	Positive	Negative	Not Done	Unknown
Anti-HCV (antibody)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV RNA (NAT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B status of donor	Positive	Negative	Not Done	Unknown
HBsAg (surface antigen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total anti-HBc (core antibody)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HBV DNA (NAT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-HBs (surface antibody)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>