

**HepC Alliance**

HCV RNA, Quantitative Real Time PCR or Genotype

Name: \_\_\_\_\_ Gender: M F Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ County: \_\_\_\_\_ Email \_\_\_\_\_

Race: W B H API Native American Other \_\_\_\_\_ Relationship status: M S D W Sep SO

Personal Physician: Yes \_\_\_\_\_ No \_\_\_\_\_ Name \_\_\_\_\_

Do you have health insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Medicaid Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_

Medicare Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_

Have you ever been tested for Hepatitis C: Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate below the best method for contacting you regarding your lab results.

Phone call \_\_\_\_\_ May we leave a message asking you to call back? Y N

Written reminder mailed to the following address \_\_\_\_\_

I have requested HCV RNA, Quantitative Real Time PCR (formerly HCV Viral Load) or a Genotype test. When requesting this test you agree to keep in contact with HepC Alliance about: physician follow-up, when, where, and which treatment, and follow-up after treatment. I understand that Hepatitis C is a reportable disease, that Hepatitis C testing involves a blood test and that this test, while confidential, will not be provided to individuals seeking anonymous testing. Your responses to the above are confidential, but HepC Alliance or authorized researchers may use the information you provide in research; however, no information that would make it possible to identify you will be included in any reports. In addition, I authorize the County Health Department, Testing Site, and the HepC Alliance to contact me regarding the results of my lab tests.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Tester Date

Last 4 of SSN \_\_\_\_\_

Effective date: 1-22-2015

**ENTERED IN  
HCA CONNECT**