Hepatitis E Testing

FOR CDC USE ONLY	
HEMI ID# _____	**Date Specimen Received:** ____ / ____ / _____

Division of Viral Hepatitis, Centers for Disease Control and Prevention

Type of specimen: serum / plasma / stool / other (specify):_____
Date specimen collected: ___/___/_____

Requesting Physician/Healthcare Provider/Public Health Department Contact

Name of requesting physician/healthcare provider:_____
Phone: (____) ____-_____Fax: (____) ____-_____ E-mail: _____@_____
Facility or practice name: _____
Public Health Department contacted? ☐ Yes ☐ No *If Yes, date contacted: ___/___/____ Which state:*_____
Name of person contacted at Public Health Department:_____
Phone: (____) ____-_____Fax: (____) ____-_____ E-mail:_____@_____

Patient Details

Local Unique Identifier:_____ Last name:_____ First name: _____
Phone: (____) ____-_____ City: _____ State: ____ Postal Code: _____-_____
DOB: ___/___/_____ or age (if DOB not known): ___ (years) Sex: ☐ Male ☐Female
If female, was she pregnant at onset of illness? ☐ *Yes* ☐*No* *If pregnant, week gestation*_____
Ethnicity/race:
☐White ☐Black ☐Hispanic ☐American Indian ☐South Asian ☐East Asian ☐Middle Eastern
☐Alaskan Native ☐Native Hawaiian ☐Other Pacific Islander ☐Other *(specify)* _____

Current Illness

Date of onset of illness: ___/___/_____
Signs and Symptoms:
☐ Yellow sclera ☐Dark urine ☐Hepatomegaly ☐Altered consciousness ☐Abdominal pain ☐Diarrhea
☐ Fever ☐Arthralgia ☐Rash ☐Other *(specify)*_____
Was Patient hospitalized? ☐Yes ☐No *If Yes: duration of hospitalization?*_____
Did Patient develop liver failure? ☐Yes ☐No
Did Patient die? ☐Yes ☐No *If Yes: what was date of death? ___/___/_____*
If Yes: did Patient die from liver failure? ☐*Yes* ☐*No*
*If No: what was the cause of death?*_____
Has Patient ever received an organ/tissue transplant? ☐Yes ☐No ☐Not known
If Yes: what organ/tissue? _____ *Date of transplant: ___/___/_____* ☐ *Date unknown*
Is Patient on immunosuppressive therapy? ☐Yes ☐No ☐Not known
If Yes: specify medications _____
During the **3 months** prior to illness, did Patient receive blood transfusion(s)? ☐Yes ☐No ☐Not known
If Yes: dates of transfusion : ___/___/_____; ___/___/_____; ___/___/_____; ___/___/_____; ___/___/_____
During the **3 months** prior to illness, did Patient receive blood product(s)? ☐Yes ☐No ☐Not known
*If Yes: what product(s)?*_____
dates received: ___/___/_____; ___/___/_____; ___/___/_____; ___/___/_____; ___/___/_____

Travel History

During the **3 months** prior to illness, did Patient arrive in the USA as a refugee or immigrant? ☐Yes ☐No ☐Not known

If Yes: Date of arrival in USA:____/____/_____

Port of embarkation: _____

Country of Birth: _____

Country of residence before arrival in USA:_____

(If refugee) Camp(s) or Settlement Area(s):_____ _____ _____

Corresponding arrival date(s): ____/____/_____ ____/____/_____ ____/____/_____

Skip the next 3 questions and go to **Occupation and Eating Habits**

During the **3 months** prior to illness, did Patient travel outside the USA? ☐Yes ☐No ☐Not known

If Yes: complete the table below

Country (countries) visited	*Visited friends and relatives?*	*Date of arrival at destination*	*Date of departure from destination*
	☐Yes ☐No ☐Not known	___/___/_____	___/___/_____
	☐Yes ☐No ☐Not known	___/___/_____	___/___/_____

During the **3 months** prior to illness, did **Patient's household** travel outside the USA? ☐Yes ☐No ☐Not known

If Yes: complete the table below

Relationship to Patient	Countries visited	*Date of arrival at destination*	*Date of departure from destination*
		___/___/_____	___/___/_____
		___/___/_____	___/___/_____

During the **3 months** prior to illness, did **visitors from outside the USA** stay with Patient? ☐Yes ☐No ☐Not known

If Yes: complete the table below

Relationship to Patient	Country of origin	*Date of arrival in USA*	*Date of departure from USA*
		___/___/_____	___/___/_____
		___/___/_____	___/___/_____

Occupation and Eating Habits

Patient's primary occupation: _____

During the **3 months** prior to illness, did Patient work on a farm? ☐Yes ☐No ☐Not known

If Yes: did Patient work with ☐Pigs ☐Other animals (specify) _____

During the **3 months** prior to illness, did Patient eat raw [rare] meat or seafood? ☐Yes ☐No ☐Not known

If Yes: was it ☐Pork ☐Pig liver ☐Other (specify) _____

☐Oysters ☐Mussels ☐Other shellfish (specify) _____

Diagnostic Laboratory Tests

Previous hepatitis E tests, if done:

Anti-HEV IgM: ☐Pos ☐Neg Anti-HEV IgG: ☐Pos ☐Neg HEV RNA: ☐Pos ☐Neg
Date blood collected: ___/___/_____ If unknown, date of test: ___/___/_____

Other tests done in context of current illness:

Anti-HAV IgM: ☐Pos ☐Neg Anti-HAV total: ☐Pos ☐Neg

HBsAg: ☐Pos ☐Neg Anti-HBc IgM: ☐Pos ☐Neg HBV DNA: ☐Pos ☐Neg

Anti-HCV IgG: ☐Pos ☐Neg HCV RNA: ☐Pos ☐Neg

Anti-HDV IgM: ☐Pos ☐Neg Anti-HDV total: ☐Pos ☐Neg

Anti-CMV IgM: ☐Pos ☐Neg Anti-CMV IgG: ☐Pos ☐Neg CMV DNA: ☐Pos ☐Neg

Anti-EBNA: ☐Pos ☐Neg Monospot/heterophile antibody: ☐Pos ☐ Neg

Anti-EBV VCA lgM ☐Pos ☐Neg Anti-EBV VCA IgG ☐Pos ☐Neg EBV DNA: ☐Pos ☐Neg

Anti-VZV IgM: ☐Pos ☐Neg Anti-VZV IgG: ☐Pos ☐Neg VZV DNA: ☐Pos ☐Neg

Anti-HSV IgM: ☐Pos ☐Neg Anti-HSV IgG: ☐Pos ☐Neg

Anti-adenovirus IgM: ☐Pos ☐Neg Anti-adenovirus IgG: ☐Pos ☐Neg

Anti-parvovirus IgM: ☐Pos ☐Neg Anti-parvovirus IgG: ☐Pos ☐Neg

Anti-leptospira IgM: ☐Pos ☐Neg Anti-leptospira IgG: ☐Pos ☐Neg

Liver Function Tests

Most recent values known of:	ALT (SGPT) _____U/L	AST (SGOT) _____U/L	Bilirubin _____mg/dL
Date of test:	___/___/_____	___/___/_____	___/___/_____

If there is other information to provide that could assist in the interpretation of hepatitis E tests, please indicate below