

## Evaluation of Discrepant HBsAg Test Results

Version 11, September 3, 2009

*Instructions: Please fill out both sides of the form as completely as possible and email the form or questions to: [DSA\\_HepB@cdc.gov](mailto:DSA_HepB@cdc.gov)*

Do you wish to receive guidance on these discrepant results?  Yes  No

Information on reporter of the case:

Project area (state or city): \_\_\_\_\_ Name of reporter:: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Patient information: (please complete the following information on the patient, if known)

Patient identifier (do not use name): \_\_\_\_\_ Sex:  Male  Female Age: \_\_\_\_\_  
 Race:  White  Black  Asian/Pacific Islander  Alaskan Native/Native American  Other  Unknown  
 Ethnicity:  Hispanic  non-Hispanic  unknown

**If pregnant or recently post-partum:**  Expected delivery date: \_\_\_\_\_  Actual delivery date: \_\_\_\_\_

Initial HBsAg test results:

	First HBsAg	Second HBsAg	Third HBsAg	Fourth HBsAg
1. HBsAg test <b>date</b>				
2. HBsAg test <b>result</b>	<input type="checkbox"/> Positive <input type="checkbox"/> Neg <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Positive <input type="checkbox"/> Neg <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Positive <input type="checkbox"/> Neg <input type="checkbox"/> Indeterminate	<input type="checkbox"/> Positive <input type="checkbox"/> Neg <input type="checkbox"/> Indeterminate
3. What was signal to cut-off ratio?				
4. HBsAg test name				
5. HBsAg test manufacturer				
6. Was the result confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7. If the result was confirmed, what method was used?	<input type="checkbox"/> Neutralization <input type="checkbox"/> Other/unknown:			
8. If the result was confirmed, what was the result?	<input type="checkbox"/> Positive <input type="checkbox"/> Neg			
9. Laboratory name				
10. Laboratory address				
11. Laboratory telephone number				

Additional HBV serologic testing:

|   | Specimen Collection Date: _____<br>Test Results                          |
|---|--|--|--|--|
| 12. Anti-HBs (include level, if performed quantitatively) | <input type="checkbox"/> Positive <input type="checkbox"/> Neg<br>Level: |
| 13. HBeAg   | <input type="checkbox"/> Positive <input type="checkbox"/> Neg           |
| 14. Anti-HBe  | <input type="checkbox"/> Positive <input type="checkbox"/> Neg           |
| 15. Total anti-HBc or anti HBc IgG                        | <input type="checkbox"/> Positive <input type="checkbox"/> Neg           |
| 16. Anti-HBc IgM  | <input type="checkbox"/> Positive <input type="checkbox"/> Neg           |
| 17. HBV DNA (include level, if performed quantitatively)  | <input type="checkbox"/> Positive <input type="checkbox"/> Neg<br>Level: |

Other conditions:

18. Is patient known to have hepatitis C infection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If yes, date antibody to HCV was tested positive:</i>
19. Is patient known to have a major medical condition? (e.g. cancer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If yes, please include condition/s:</i>

Hepatitis B vaccination:

20. Was the patient vaccinated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
21. Did the patient receive hepatitis B vaccination in the two months prior to having a positive HBsAg test result?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

*If patient was vaccinated, please provide the vaccination information below:*

	Date	Brand	Dosage
22. Hepatitis B vaccination #1		<input type="checkbox"/> Recombivax HB <input type="checkbox"/> Engerix B	<input type="checkbox"/> 5 ug <input type="checkbox"/> 10 ug <input type="checkbox"/> 20 ug <input type="checkbox"/> 40 ug
22. Hepatitis B vaccination #2:		<input type="checkbox"/> Recombivax HB <input type="checkbox"/> Engerix B	<input type="checkbox"/> 5 ug <input type="checkbox"/> 10 ug <input type="checkbox"/> 20 ug <input type="checkbox"/> 40 ug
23. Hepatitis B vaccination #3:		<input type="checkbox"/> Recombivax HB <input type="checkbox"/> Engerix B	<input type="checkbox"/> 5 ug <input type="checkbox"/> 10 ug <input type="checkbox"/> 20 ug <input type="checkbox"/> 40 ug

CDC specimen testing:

24. Was a blood specimen sent to CDC for hepatitis B serologic testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. If yes, what was the specimen collection date?	Specimen identifier:	

CDC Use Only: What is the CDC specimen (D.A.S.H.) number, if known?

Additional Information (including any additional test results):

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Please submit this form and send any questions to: [DSA\\_HepB@cdc.gov](mailto:DSA_HepB@cdc.gov)