

**Medical Monitoring Project (MMP)
Medical Record Abstraction Form
2008 Surveillance Period Inpatient Form (SPIF)
VERSION 3.0.0**

.....
OPTIONAL- FOR LOCAL USE ONLY
.....

MMP SPIF v3.0.0

MMP Participant ID:

Date of Admission: Date not documented
Mo. / Day / Year

Abstraction Facility ID:
(ID of facility where abstraction is being conducted)

Inpatient medical record number: Medical record number not documented

Patient name:

Patient residence:

Street:

City/County: **State:**

ZIP code:

Physician name:

.....



**Medical Monitoring Project (MMP)
Medical Record Abstraction Form
2008 Surveillance Period Inpatient Form (SPIF)
v3.0.0**



I. ABSTRACTION AND IDENTIFICATION

MMP Participant ID: <input style="width:400px; height:25px;" type="text"/>	
Surveillance Period (SP)	
SP start date: <input style="width:200px; height:25px;" type="text"/> <small>Mo. / Day / Year</small> (12 months prior to date of interview OR 1 st contact attempt if no interview obtained)	SP end date: <input style="width:200px; height:25px;" type="text"/> <small>Mo. / Day / Year</small> (date of interview OR 1 st contact attempt if no interview obtained)
Date of abstraction: <input style="width:200px; height:25px;" type="text"/> <small>Mo. / Day / Year</small>	Abstractor ID: <input style="width:100px; height:25px;" type="text"/>
Date of admission: <input style="width:200px; height:25px;" type="text"/> <small>Mo. / Day / Year</small> <input type="radio"/> Date not documented	Date of discharge: <input style="width:200px; height:25px;" type="text"/> <small>Mo. / Day / Year</small> <input type="radio"/> Date not documented
Abstraction Facility ID: <input style="width:250px; height:25px;" type="text"/> (ID of facility where abstraction is being conducted)	
Was the documented care abstracted with this form given at another facility (i.e., outside the Abstraction Facility)?	
<input type="radio"/> Yes Complete information about the "Care" Facility → Enter Care Facility ID or indicate that Care Facility was not documented or was outside jurisdiction Care Facility ID: <input style="width:250px; height:25px;" type="text"/> <small>(ID of the facility where the documented care was provided)</small>	
<input type="radio"/> No Continue to Section II below	
<input type="radio"/> Care Facility not documented or outside jurisdiction	

II. SURVEILLANCE PERIOD INPATIENT FORM SECTIONS – OPTIONAL

Is there documentation of any of the following during this inpatient stay?	
<input type="radio"/> Yes → Select all that are documented below. <input type="radio"/> No → This form is now complete except for optional section VIII (Remarks).	
<input type="radio"/> New or existing diagnoses of AIDS defining Opportunistic Illnesses (AIDS OI) → Complete section III.	<input type="radio"/> Prescription or continuation of medications other than ART → Complete section VI.
<input type="radio"/> New or existing diagnoses of conditions other than AIDS OI → Complete section IV.	<input type="radio"/> Laboratory test results, <i>closest to admission</i> → Complete section VII.
<input type="radio"/> Prescription or continuation of antiretroviral therapy (ART) <i>closest to admission</i> → Complete section V.	<input type="radio"/> Laboratory test results, <i>closest to discharge</i> → Complete section VII.
<input type="radio"/> Prescription or continuation of antiretroviral therapy (ART) <i>closest to discharge</i> → Complete section V.	<input type="radio"/> Laboratory test results, hepatitis screening tests → Complete section VII.

III. AIDS DEFINING OPPORTUNISTIC ILLNESSES (AIDS OI)

Is there documentation any new or existing diagnoses of AIDS defining opportunistic illnesses (AIDS OI) during this inpatient stay?

- Yes → Select all that are documented below.
 No

<input type="radio"/> 1 Candidiasis, bronchi, trachea, or lungs	<input type="radio"/> 14 Lymphoma, Burkitt's (or equivalent term)
<input type="radio"/> 2 Candidiasis, esophageal	<input type="radio"/> 15 Lymphoma, immunoblastic (IBL, or equivalent term)
<input type="radio"/> 3 Carcinoma, invasive cervical	<input type="radio"/> 16 Lymphoma, primary in brain
<input type="radio"/> 4 Coccidioidomycosis, disseminated or extrapulmonary	<input type="radio"/> 17 <i>Mycobacterium avium</i> complex or <i>M. kansasii</i> , disseminated or extrapulmonary
<input type="radio"/> 5 Cryptococcosis, extrapulmonary	<input type="radio"/> 18 <i>M. tuberculosis</i> , pulmonary
<input type="radio"/> 6 Cryptosporidiosis, chronic intestinal (>1 month duration)	<input type="radio"/> 19 <i>M. tuberculosis</i> , disseminated or extrapulmonary
<input type="radio"/> 7 Cytomegalovirus disease (other than in liver, spleen, or nodes)	<input type="radio"/> 20 <i>Mycobacterium</i> , of other species or unidentified species, disseminated or extrapulmonary
<input type="radio"/> 8 Cytomegalovirus retinitis (with loss of vision)	<input type="radio"/> 21 <i>Pneumocystis jiroveci</i> pneumonia (PCP)
<input type="radio"/> 9 Herpes simplex: chronic ulcer (>1 month duration) or bronchitis, pneumonitis, or esophagitis	<input type="radio"/> 22 Pneumonia, recurrent in 12 month period
<input type="radio"/> 10 HIV encephalopathy	<input type="radio"/> 23 Progressive multifocal leukoencephalopathy (PML)
<input type="radio"/> 11 Histoplasmosis, disseminated or extrapulmonary	<input type="radio"/> 24 Salmonella septicemia, recurrent
<input type="radio"/> 12 Isosporiasis, chronic intestinal (>1 month duration)	<input type="radio"/> 25 Toxoplasmosis of brain
<input type="radio"/> 13 Kaposi's sarcoma	<input type="radio"/> 26 Wasting syndrome due to HIV

IV. CONDITIONS OTHER THAN AIDS OI

Is there documentation of any new or existing diagnoses of conditions other than AIDS OI during this inpatient stay?

- Yes → Select all that are documented below.
 No

<input type="radio"/> 1 Abscess	<input type="radio"/> 19 Erythema multiforme	<input type="radio"/> 37 Hypogonadism (gonadal deficiency)	<input type="radio"/> 55 Prostatitis
<input type="radio"/> 2 Alcoholism	<input type="radio"/> 20 Erythroderma	<input type="radio"/> 38 Hypothyroidism	<input type="radio"/> 56 Psoriasis
<input type="radio"/> 3 Anxiety disorder	<input type="radio"/> 21 Fatty liver	<input type="radio"/> 39 Ischemic heart disease	<input type="radio"/> 57 Psychosis, including schizophrenia
<input type="radio"/> 4 Arthritis (osteoarthritis)	<input type="radio"/> 22 Fever, unexplained, >100°F for 2+ weeks*	<input type="radio"/> 40 Lactic acidosis	<input type="radio"/> 58 Pulmonary hypertension
<input type="radio"/> 5 Asthma	<input type="radio"/> 23 Gastroesophageal reflux disease (GERD)	<input type="radio"/> 41 Lipoatrophy	<input type="radio"/> 59 Rash, drug-related
<input type="radio"/> 6 Avascular necrosis	<input type="radio"/> 24 Guillain-Barré syndrome	<input type="radio"/> 42 Lipodystrophy	<input type="radio"/> 60 Renal failure
<input type="radio"/> 7 Buffalo hump	<input type="radio"/> 25 Hearing loss, acquired	<input type="radio"/> 43 Malignancy	<input type="radio"/> 61 Respiratory infection, upper
<input type="radio"/> 8 Bronchitis	<input type="radio"/> 26 Hepatic (liver) failure	<input type="radio"/> 44 Metabolic syndrome	<input type="radio"/> 62 Respiratory infection, NOS
<input type="radio"/> 9 Cardiomyopathy, due to HIV or unknown cause	<input type="radio"/> 27 Hepatitis, alcohol-induced	<input type="radio"/> 45 Myelopathy (spinal cord disease/disorder)	<input type="radio"/> 63 Seborrheic dermatitis
<input type="radio"/> 10 Cellulitis (skin infection, bacterial)	<input type="radio"/> 28 Hepatitis, drug-induced	<input type="radio"/> 46 Myopathy (muscular weakness or changes)	<input type="radio"/> 64 Stevens-Johnson Syndrome
<input type="radio"/> 11 Depression, diagnosed by physician	<input type="radio"/> 29 Hepatitis, infectious, not drug-induced	<input type="radio"/> 47 Nephrolithiasis (kidney stone)	<input type="radio"/> 65 Stroke, ischemic, non-hemorrhagic
<input type="radio"/> 12 Diabetes mellitus (DM), type 1	<input type="radio"/> 30 Hepatitis, NOS	<input type="radio"/> 48 Nephropathy (kidney damage)	<input type="radio"/> 66 Suicide attempt
<input type="radio"/> 13 Diabetes mellitus (DM), type 2	<input type="radio"/> 31 Hodgkin's lymphoma (Hodgkin's disease)	<input type="radio"/> 49 Neuropathy, cranial	<input type="radio"/> 67 Thrombocytopenia, idiopathic (ITP)
<input type="radio"/> 14 Diabetes mellitus (DM), NOS	<input type="radio"/> 32 Human papillomavirus (HPV) infection	<input type="radio"/> 50 Neuropathy, peripheral	<input type="radio"/> 68 Vision loss, moderate or severe; blindness
<input type="radio"/> 15 Diarrhea, allergic/colitis	<input type="radio"/> 33 Hypercholesterolemia	<input type="radio"/> 51 Neuropathy, NOS	<input type="radio"/> 69 Warts, anal or genital
<input type="radio"/> 16 Diarrhea, infectious	<input type="radio"/> 34 Hyperglycemia	<input type="radio"/> 52 Oral candidiasis (thrush)	<input type="radio"/> 70 Warts, non-anal, non-genital
<input type="radio"/> 17 Diarrhea, NOS	<input type="radio"/> 35 Hypertension (high blood pressure)	<input type="radio"/> 53 Osteopenia or osteoporosis	<i>*in absence of a known cause</i>
<input type="radio"/> 18 Erectile dysfunction	<input type="radio"/> 36 Hypertriglyceridemia	<input type="radio"/> 54 Pneumonia	

IV. CONDITIONS OTHER THAN AIDS OI cont'd

71 <input type="radio"/> Other, specify:	
72 <input type="radio"/> Other, specify:	
73 <input type="radio"/> Other, specify:	
74 <input type="radio"/> Other, specify:	
75 <input type="radio"/> Other, specify:	
76 <input type="radio"/> Other, specify:	
77 <input type="radio"/> Other, specify:	

V. ANTIRETROVIRAL THERAPY (ART)

Is there documentation of prescription of antiretroviral therapy (ART) during this inpatient stay?

- Yes → Select all that are documented below.
 No

Prescription or continuation closest to:					
Admission	Discharge	Name	Abbreviation	Also Known As	Group
<input type="radio"/> 1	<input type="radio"/> 1	Abacavir	ABC	Ziagen	NRTI
<input type="radio"/> 2	<input type="radio"/> 2	Amprenavir	APV	Agenerase	PI
<input type="radio"/> 3	<input type="radio"/> 3	Atazanavir	ATV	Reyataz	PI
<input type="radio"/> 4	<input type="radio"/> 4	Atripla	EFV/FTC/TDF		Multi-class
<input type="radio"/> 5	<input type="radio"/> 5	Combivir	AZT/3TC		CNRTI
<input type="radio"/> 6	<input type="radio"/> 6	Darunavir	DRV, TMC 114	Prezista	PI
<input type="radio"/> 7	<input type="radio"/> 7	Delavirdine	DLV	Rescriptor	NNRTI
<input type="radio"/> 8	<input type="radio"/> 8	Didanosine	Ddl	Videx	NRTI
<input type="radio"/> 9	<input type="radio"/> 9	Efavirenz	EFV	Sustiva	NNRTI
<input type="radio"/> 10	<input type="radio"/> 10	Emtricitabine	FTC	Emtriva	NRTI
<input type="radio"/> 11	<input type="radio"/> 11	Enfuvirtide	ENF, T-20	Fuzeon	FI
<input type="radio"/> 12	<input type="radio"/> 12	Epzicom	ABC/3TC		CNRTI
<input type="radio"/> 13	<input type="radio"/> 13	Etravirine (formerly TMC125)	ETR	Intelence	NNRTI
<input type="radio"/> 14	<input type="radio"/> 14	Fosamprenavir	FPV	Lexiva	PI
<input type="radio"/> 15	<input type="radio"/> 15	Indinavir	IDV	Crixivan	PI
<input type="radio"/> 16	<input type="radio"/> 16	Lamivudine	3TC	Epivir	NRTI
<input type="radio"/> 17	<input type="radio"/> 17	Lopinavir/Ritonavir	LPV/RTV	Kaletra, Meltrex	CNRTI
<input type="radio"/> 18	<input type="radio"/> 18	Maraviroc	MRC	Selzentry	Entry inhibitor
<input type="radio"/> 19	<input type="radio"/> 19	Nelfinavir	NFV	Viracept	PI
<input type="radio"/> 20	<input type="radio"/> 20	Nevirapine	NVP	Viramune	NNRTI
<input type="radio"/> 21	<input type="radio"/> 21	Raltegravir (formerly MK-0518)	RAL	Isentress	Integrase inhibitor
<input type="radio"/> 22	<input type="radio"/> 22	Ritonavir	RTV	Norvir	PI
<input type="radio"/> 23	<input type="radio"/> 23	Saquinavir	SQV-HGC	Invirase, Fortovase	PI
<input type="radio"/> 24	<input type="radio"/> 24	Stavudine	d4T	Zerit	NRTI
<input type="radio"/> 25	<input type="radio"/> 25	Tenofovir	TDF	Viread	NRTI
<input type="radio"/> 26	<input type="radio"/> 26	Tipranavir	TPV	Aptivus	PI
<input type="radio"/> 27	<input type="radio"/> 27	Trizivir	ABC/3TC/AZT		CNRTI
<input type="radio"/> 28	<input type="radio"/> 28	Truvada	FTC/TDF		CNRTI

V. ANTIRETROVIRAL THERAPY (ART) cont'd

Prescription or continuation closest to:					
Admission	Discharge	Name	Abbreviation	Also Known As	Group
29 <input type="radio"/>	29 <input type="radio"/>	Zalcitabine	ddC	Hivid	NRTI
30 <input type="radio"/>	30 <input type="radio"/>	Zidovudine	AZT	Retrovir	NRTI
31 <input type="radio"/>	31 <input type="radio"/>	Other, Specify:			
32 <input type="radio"/>	32 <input type="radio"/>	Other, Specify:			
33 <input type="radio"/>	33 <input type="radio"/>	Other, Specify:			

VI. OTHER MEDICATIONS

Is there documentation of prescription or continuation of medications other than ART during this inpatient stay?

Yes → Select all that are documented below.

No

1 <input type="radio"/>	acarbose	35 <input type="radio"/>	dapsone (DDS)
2 <input type="radio"/>	acetaminophen/hydrocodone	36 <input type="radio"/>	darifenacin
3 <input type="radio"/>	acetaminophen/oxycodone	37 <input type="radio"/>	dexamethasone
4 <input type="radio"/>	acyclovir	38 <input type="radio"/>	diphenhydramine
5 <input type="radio"/>	adefovir	39 <input type="radio"/>	doxorubicin
6 <input type="radio"/>	albuterol	40 <input type="radio"/>	doxorubicin liposomal
7 <input type="radio"/>	albuterol/ipratropium	41 <input type="radio"/>	doxycycline
8 <input type="radio"/>	aldesleukin	42 <input type="radio"/>	dronabinol
9 <input type="radio"/>	alprazolam	43 <input type="radio"/>	enalapril
10 <input type="radio"/>	amikacin	44 <input type="radio"/>	enalapril/hydrochlorothiazide (HCTZ)
11 <input type="radio"/>	amitriptyline	45 <input type="radio"/>	entecavir
12 <input type="radio"/>	amitriptyline/chlordiazepoxide	46 <input type="radio"/>	epoetin alfa (EPO)
13 <input type="radio"/>	amoxicillin	47 <input type="radio"/>	escitalopram
14 <input type="radio"/>	amoxicillin/clavulanate	48 <input type="radio"/>	esomeprazole
15 <input type="radio"/>	aspirin (ASA)	49 <input type="radio"/>	ethambutol
16 <input type="radio"/>	atenolol	50 <input type="radio"/>	ethionamide
17 <input type="radio"/>	atorvastatin	51 <input type="radio"/>	famotidine
18 <input type="radio"/>	azithromycin	52 <input type="radio"/>	fexofenadine
19 <input type="radio"/>	baclofen	53 <input type="radio"/>	filgrastim
20 <input type="radio"/>	bupropion	54 <input type="radio"/>	folinic acid
21 <input type="radio"/>	bupirone	55 <input type="radio"/>	fluconazole
22 <input type="radio"/>	butalbital/aspirin	56 <input type="radio"/>	fludrocortisone
23 <input type="radio"/>	butalbital/aspirin/caffeine (BAC)	57 <input type="radio"/>	fluoxetine
24 <input type="radio"/>	calcitrol	58 <input type="radio"/>	fluphenazine
25 <input type="radio"/>	capreomycin	59 <input type="radio"/>	fluticasone
26 <input type="radio"/>	cetirizine	60 <input type="radio"/>	fluticasone/salmeterol
27 <input type="radio"/>	chlorpropamide	61 <input type="radio"/>	fluvastatin
28 <input type="radio"/>	cimetidine	62 <input type="radio"/>	foscarnet
29 <input type="radio"/>	ciprofloxacin	63 <input type="radio"/>	gabapentin
30 <input type="radio"/>	citalopram	64 <input type="radio"/>	gatifloxacin
31 <input type="radio"/>	clonazepam	65 <input type="radio"/>	gemfibrozil
32 <input type="radio"/>	cromolyn	66 <input type="radio"/>	hydrochlorothiazide (HCTZ)
33 <input type="radio"/>	cycloserine	67 <input type="radio"/>	hydrochlorothiazide (HCTZ)/methyldopa
34 <input type="radio"/>	cyclosporine	68 <input type="radio"/>	hydrochlorothiazide (HCTZ)/metoprolol

VI. OTHER MEDICATIONS cont'd

<input type="radio"/> 69 hydrochlorothiazide (HCTZ)/triamterene	<input type="radio"/> 108 penicillin
<input type="radio"/> 70 imiquimod	<input type="radio"/> 109 phenytoin
<input type="radio"/> 71 insulin (inhaled or injectable)	<input type="radio"/> 110 pioglitazone
<input type="radio"/> 72 interferon alphacon-1	<input type="radio"/> 111 podofilox topical
<input type="radio"/> 73 interferon alfa 2a	<input type="radio"/> 112 podophyllin topical
<input type="radio"/> 74 interferon alfa 2b	<input type="radio"/> 113 pravastatin
<input type="radio"/> 75 iodoquinol	<input type="radio"/> 114 prednisone
<input type="radio"/> 76 isoniazid (INH)	<input type="radio"/> 115 propranolol
<input type="radio"/> 77 isoniazid (INH)/pyrazinamide (PZA)/rifampin	<input type="radio"/> 116 propranolol/hydrochlorothiazide (HCTZ)
<input type="radio"/> 78 isoniazid (INH)/rifampin	<input type="radio"/> 117 pyrazinamide (PZA)
<input type="radio"/> 79 kanamycin	<input type="radio"/> 118 ranitidine
<input type="radio"/> 80 lansoprazole	<input type="radio"/> 119 ribavirin
<input type="radio"/> 81 lansoprazole/amoxicillin/clarithromycin	<input type="radio"/> 120 rifabutin
<input type="radio"/> 82 levofloxacin	<input type="radio"/> 121 rifampin
<input type="radio"/> 83 levothyroxine	<input type="radio"/> 122 rifapentine
<input type="radio"/> 84 lisinopril	<input type="radio"/> 123 rosiglitazone
<input type="radio"/> 85 lithium	<input type="radio"/> 124 rosiglitazone/glemepiride
<input type="radio"/> 86 loxapine	<input type="radio"/> 125 rosuvastatin
<input type="radio"/> 87 megestrol	<input type="radio"/> 126 sertraline
<input type="radio"/> 88 metformin	<input type="radio"/> 127 sildenafil
<input type="radio"/> 89 methadone	<input type="radio"/> 128 somatropin
<input type="radio"/> 90 metoclopramide	<input type="radio"/> 129 streptomycin
<input type="radio"/> 91 metoprolol	<input type="radio"/> 130 tadalafil
<input type="radio"/> 92 mirtazapine	<input type="radio"/> 131 tamsulosin
<input type="radio"/> 93 moxifloxacin	<input type="radio"/> 132 telbivudine
<input type="radio"/> 94 nalbuphine	<input type="radio"/> 133 testosterone
<input type="radio"/> 95 niacin	<input type="radio"/> 134 tinidazole
<input type="radio"/> 96 nifedipine	<input type="radio"/> 135 trazadone
<input type="radio"/> 97 nizatidine	<input type="radio"/> 136 triamcinolone nasal
<input type="radio"/> 98 octreotide	<input type="radio"/> 137 trichloroacetic acid (TCA) topical
<input type="radio"/> 99 olanzapine	<input type="radio"/> 138 trimethoprim/sulfamethoxazole (TMP/SMZ)
<input type="radio"/> 100 omeprazole	<input type="radio"/> 139 valacyclovir
<input type="radio"/> 101 oxycodone	<input type="radio"/> 140 valproic acid
<input type="radio"/> 102 p-aminosalicylate	<input type="radio"/> 141 vancomycin
<input type="radio"/> 103 palonosetron	<input type="radio"/> 142 vardenafil
<input type="radio"/> 104 pantoprazole	<input type="radio"/> 143 venlafaxine
<input type="radio"/> 105 paroxetine	<input type="radio"/> 144 warfarin
<input type="radio"/> 106 peginterferon alfa 2a	<input type="radio"/> 145 zanamivir
<input type="radio"/> 107 peginterferon alfa 2b	<input type="radio"/> 146 zolpidem

147 Other, Specify: _____

148 Other, Specify: _____

149 Other, Specify: _____

150 Other, Specify: _____

151 Other, Specify: _____

VII. INPATIENT LABORATORY TEST RESULTS

Is there documentation of any of the following laboratory test results during this inpatient stay?

- Yes → Enter all that are documented for each test below.
 No

Laboratory tests performed closest to admission: (select all that are documented)

	Result		
	Undetectable	Value	Units (select one, where applicable)
1 <input type="radio"/> CD4 cell count			Cells/ mm ³ or μ L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
2 <input type="radio"/> CD4 cell %			% <input type="radio"/> Units not documented
3 <input type="radio"/> HIV viral load	<input type="radio"/>		Copies/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
	Lower Limit of Detection for HIV Viral Load Test Used: → <input style="width: 150px; height: 20px;" type="text"/> <input type="radio"/> Lower Limit of Detection NOT documented		
4 <input type="radio"/> ALT (SGPT)			Units /L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
5 <input type="radio"/> AST (SGOT)			Units/L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
6 <input type="radio"/> Creatinine (Creat, Cr)			mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

Laboratory tests performed closest to discharge: (select all that are documented)

	Result		
	Undetectable	Value	Units (select one, where applicable)
1 <input type="radio"/> CD4 cell count			Cells/ mm ³ or μ L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
2 <input type="radio"/> CD4 cell %			% <input type="radio"/> Units not documented
3 <input type="radio"/> HIV viral load	<input type="radio"/>		Copies/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
	Lower Limit of Detection for HIV Viral Load Test Used: → <input style="width: 150px; height: 20px;" type="text"/> <input type="radio"/> Lower Limit of Detection NOT documented		
4 <input type="radio"/> ALT (SGPT)			Units /L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
5 <input type="radio"/> AST (SGOT)			Units/L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
6 <input type="radio"/> Creatinine (Creat, Cr)			mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

INFECTIOUS DISEASE TESTS: Hepatitis A, B, C

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
22 <input type="radio"/> Anti-HAV IgG (HAV Ab IgG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
23 <input type="radio"/> Anti-HAV IgM (HAV Ab IgM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
24 <input type="radio"/> Anti-HAV total (HAV Ab total)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

VII. INPATIENT LABORATORY TEST RESULTS cont'd

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
25 <input type="radio"/> Anti-HBc IgG (HBc Ab IgG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
26 <input type="radio"/> Anti-HBc IgM (HBc Ab IgM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
27 <input type="radio"/> Anti-HBc total (HBc Ab total)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
28 <input type="radio"/> Anti-HBe (HBe Ab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
29 <input type="radio"/> Anti-HBs IgG (HBs IgG Ab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
30 <input type="radio"/> Anti-HBs total (HBs Ab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
31 <input type="radio"/> HBeAg (Hepatitis B e-antigen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
32 <input type="radio"/> HBsAg (Hepatitis B surface antigen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
33 <input type="radio"/> HBV DNA (PCR) }	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		IU/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
	Lower Limit of Detection for HBV DNA (PCR) Test Used: → <input style="width: 150px; height: 20px;" type="text"/> <input type="radio"/> Lower Limit of detection NOT documented					
	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
34 <input type="radio"/> Anti-HCV, EIA or RIBA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
35 <input type="radio"/> HCV genotype						
36 <input type="radio"/> HCV RNA qualitative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
37 <input type="radio"/> HCV RNA quantitative (PCR) }	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		IU/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
	Lower Limit of Detection for HCV RNA (PCR) Test Used: → <input style="width: 150px; height: 20px;" type="text"/> <input type="radio"/> Lower Limit of Detection NOT documented					

MMP Participant ID:

Form field for MMP Participant ID with 12 tick marks.

Abstraction

Form field for Abstraction Facility ID with 12 tick marks.

Facility ID:

(ID of facility where abstraction is being conducted)

Date of Admission:

Date of Admission form with fields for Mo., Day, and Year.

VIII. REMARKS

Large table area for entering remarks, consisting of multiple horizontal lines.