

**Medical Monitoring Project (MMP)
Medical Record Abstraction Form
2009 Surveillance Period Inpatient Form (SPIF)
VERSION 4.0.0**

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OPTIONAL- FOR LOCAL USE ONLY
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MMP SPIF v4.0.0

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
2009 Surveillance Period Inpatient Form (SPIF)
v4.0.0**



I. ABSTRACTION AND IDENTIFICATION

MMP Participant ID:

Surveillance Period (SP)

SP start date:

(12 months prior to date of interview OR 1st contact attempt if no interview obtained)

SP end date:

(date of interview OR 1st contact attempt if no interview obtained)

Date of abstraction:

Abstractor ID:

Date of admission:

Date not documented

Date of discharge:

Date not documented

Abstraction Facility ID:

(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)?

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

(ID of the facility where the documented care was provided)

No

Continue to Section II below

Care Facility not documented or outside jurisdiction

→
 →

New or existing diagnoses of AIDS defining Opportunistic Illnesses (AIDS OI)
→ **Complete section III.**

Prescription or continuation of medications other than ART
→ **Complete section VI.**

New or existing diagnoses of conditions other than AIDS OI
→ **Complete section IV.**

Laboratory test results, *closest to admission*
→ **Complete section VII.**

Prescription or continuation of antiretroviral therapy (ART) *closest to admission*
→ **Complete section V.**

Laboratory test results, *closest to discharge*
→ **Complete section VII.**

Prescription or continuation of antiretroviral therapy (ART) *closest to discharge*
→ **Complete section V.**

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 Lipodystrophy	<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

<input type="radio"/> 147	Other, Specify:	
<input type="radio"/> 148	Other, Specify:	
<input type="radio"/> 149	Other, Specify:	
<input type="radio"/> 150	Other, Specify:	
<input type="radio"/> 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)
<input type="radio"/> ¹ CD4 cell count			Cells/ mm ³ or μ L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
<input type="radio"/> ² CD4 cell %			% <input type="radio"/> Units not documented
<input type="radio"/> ³ 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			
<input type="radio"/> ⁴ ALT (SGPT)			Units /L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
<input type="radio"/> ⁵ AST (SGOT)			Units/L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
<input type="radio"/> ⁶ 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)
<input type="radio"/> ¹ CD4 cell count			Cells/ mm ³ or μ L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
<input type="radio"/> ² CD4 cell %			% <input type="radio"/> Units not documented
<input type="radio"/> ³ 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			
<input type="radio"/> ⁴ ALT (SGPT)			Units /L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
<input type="radio"/> ⁵ AST (SGOT)			Units/L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
<input type="radio"/> ⁶ 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)
<input type="radio"/> ²² Anti-HAV IgG (HAV Ab IgG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
<input type="radio"/> ²³ Anti-HAV IgM (HAV Ab IgM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
<input type="radio"/> ²⁴ 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"/> Units not documented <input type="radio"/> Other, specify: _____
	Lower Limit of Detection for HBV DNA (PCR) Test Used: →					
	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"/> Units not documented <input type="radio"/> Other, specify: _____
	Lower Limit of Detection for HCV RNA (PCR) Test Used: →					

