

HCV Rapid Testing Patient Log

Agency: _____

Device Lot #: _____ Lot Expiration Date: _____ Department/Venue: _____

Primary Risk Factor: 1=IDU; 3=Blood transfusion/organ transplant before 1992; 4=Clotting factor prior to 1987; 6=Occupational exposure; 9=Long term dialysis; 10=Tattoo; 11=Body piercing; 12=Born between 1945-65; 14=Snorting drugs; 16=HIV+

Other Risk Factor: 2=Sex with multiple partners; 5=Household contact; 7=Sex with an HCV infected person; 15=MSM; R=Refused to provide

Temp 59°F to 99°F	Client ID	Tester Initials	Date of Test	Gender	Date of Birth	Age	Ethnicity	Race	Primary Risk Factor	Other Risk Factor	Test Techn- ology	Rapid Test Result	Referral made for HCV RNA testing	Referral Kept for HCV RNA testing	Other Testing					
															HIV	TB	STD	Hepatitis A	Hepatitis B	

Reviewed, Signed and Dated: _____