



Special Visit Form (Adult)

General Instructions

The Special Visit Form is completed for any in-person evaluation that is performed in addition to, and at a time other than, the routine protocol evaluations.

Information for the diagnostic, serology, virology, and laboratory sections of the form should be obtained from the patient medical record.

Specific Instructions

Patient ID: Record the Patient ID in the top right hand corner of each page.

Date of Evaluation: Record the date (month/day/year) that corresponds to the special visit.

Section I: Reason for Visit

- (1) Indicate the primary reason for the special visit evaluation. Check only one reason that is considered to be the primary reason the patient is in for an additional evaluation, regardless of the tests that may be performed as part of the special visit evaluation.
Exception: if the patient is pregnant at the time of the visit, and pregnancy is not the reason for the visit, check the reason for the visit and check "Pregnancy, pre-delivery" and provide the date of the last menstrual period.
- (2) If the visit is scheduled as a pre-delivery pregnancy visit, record the date (month/day/year) of the last menstrual period. If any part of the date is unknown, record "Unk".
- (3) If the visit is scheduled for an ALT flare or acute hepatitis and corresponds to the time of initial diagnosis, record the date (month/day/year) of diagnosis or onset. If any part of the date is unknown, record "Unk".

Section II: Serologies

Record the result for each serology test completed as part of the special visit evaluation. If a test was not completed as part of the special visit evaluation, check "Not done".

HBsAg:	Hepatitis B surface antigen
HBeAg:	Hepatitis B e antigen
Anti-HBs:	Antibody produced in response to Hepatitis B s antigen
Anti-HBe:	Antibody produced in response to Hepatitis B e antigen
Anti-HDV:	Hepatitis delta antibody
Anti-HCV:	Hepatitis C antibody
Anti-HAV IgM:	Hepatitis A antibody
Anti-HBc IgM:	Hepatitis B core antibody

Section III: Virology Tests

- HBV DNA level:
- (1) Record the DNA level completed as part of the special visit evaluation. If the test is not performed as part to the special visit evaluation, check "Not done".
 - (2) Record the month and two digit year the sample was obtained. If the month is unknown, record "Unk" and provide the two digit year. If both month and year are unknown, record "Unk" for both month and year.



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- (3) Check "IU/mL" or "copies/mL" to indicate the unit of measure.
(4) Record the lower limit of detection for the test. If the lower limit of detection is not available or unknown, record "Unk".

Section IV: Labs

Record the result for each lab test performed as part of the special visit evaluation.

- Fasting:** Check "Yes" or "No" to indicate if the labs were drawn fasting. If yes, record the length of the fasting period to the nearest hour. Fasting is defined as having only water. A fasting period of 12 hours is optimal, with a minimum of 8 hours.
- Lab results:** Record the result of the lab test. If the lab test was not performed as part of the special visit evaluation, check "Not done".
- ALT normal range:** If ALT is completed, record the lower and upper reference range of normal.
- AST normal range:** If AST is completed, record the lower and upper reference range of normal.
- Alkaline phosphatase normal range:** If alkaline phosphatase is completed, record the lower and upper referencerange of normal.

Section V: Evaluation Assessments

A number of assessments may be completed as part of a special visit evaluation, regardless of the primary reason for the evaluation. In this section indicate all assessments completed as part of the special visit evaluation. Note that the Flare Resolution form is not listed in this section but the form must be completed at the time a flare is considered to be resolved.

- Symptom Assessment:** The Symptom Assessment questionnaire should be completed for every special visit evaluation, regardless of the reason for the evaluation. Check "Yes" or "No" to indicate if the Symptom Assessment questionnaire was completed as part of the special visit evaluation.
- Fibroscan:** Check "Yes" or "No" to indicate if a fibroscan was completed as part of the special visit evaluation.
- If yes,
- Record the date (month/day/year) the fibroscan was completed.
 - Complete the Fibroscan Form.
- Breath test:** Check "Yes" or "No" to indicate if a breath test was completed as part of the special visit evaluation.
- If yes,
- Record the date (month/day/year) the breath test was completed.
 - Complete the Breath Test Form.
- Liver biopsy:** Check "Yes" or "No" to indicate if a liver biopsy was completed as part of the special visit evaluation.
- If yes,



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- i. Record the date (month/day/year) the liver biopsy was completed.
- ii. Complete the Liver Biopsy Form.

Pregnancy: Check "Yes" or "No" to indicate if a pregnancy assessment was completed as part of the special visit evaluation.

If yes,

- i. Record the date (month/day/year) the pregnancy assessment was completed.
- ii. Complete the appropriate Pregnancy form.

Section VI: Biospecimens

Serum/plasma: Check "Yes" or "No" to indicate if the serum, plasma and/or immunology samples were obtained.

If yes, check "NIDDK Repository", "Genetics", "Immunology study", or "Central testing lab" to indicate which samples were obtained.