



## Special Visit Form (Adult)

Patient ID \_\_\_\_ - \_\_\_\_ **ID** \_\_\_\_ - \_\_\_\_Date of Evaluation: **DOEDATE**

### SECTION I: REASON FOR VISIT

**Instructions:** Record the reason the patient was brought in for evaluation. Check only one. **SVREAS**

**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.

- 1 ☐ HBsAg loss    6 ☐ Fibroscan    8 ☐ Pregnancy, pre-delivery **PREG**-Date of last menstrual period: **LMENM/D/Y**  
2 ☐ HBeAg loss    7 ☐ Breath test    9 ☐ Pregnancy, post-delivery (mm/dd/yy)  
3 ☐ Liver biopsy    10 ☐ Other liver-related \_\_\_\_\_ **LIVEROS**  
4 ☐ ALT flare  
5 ☐ Acute hepatitis } If initial diagnosis, date of diagnosis or onset (mm/dd/yy): **DXM / DXD / DXY**

### SECTION II: SEROLOGIES

**Instructions:** Record the result for each. If a lab was not completed at the time of this evaluation, check "Not done".

	Positive	Negative	Equivocal	Not done
1. HBsAg <b>HBSAG</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HBeAg <b>HBEAG</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Anti-HBs <b>HBS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anti-HBe <b>HBE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Anti-HDV <b>HDV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Anti-HCV <b>HCV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Anti-HAV IgM <b>HAV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anti-HBc IgM <b>HBC</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION III: VIROLOGY TESTS

1. HBV DNA level: \_\_\_\_ **BDNA** \_\_\_\_ ☐ Unknown    Date (mm/yy): **BDNAM / BDNAY**  
Method/Unit: **BUNIT** 1 ☐ IU/mL 2 ☐ copies/mL    Lower limit of detection: \_\_\_\_ **BDNALL** \_\_\_\_

### SECTION IV: LABS

**Instructions:** Record the result for each. If a lab was not completed at the time of this evaluation, check "Not done".

1. Was the patient fasting for this visit (optimal 12 hours, minimum of 8 hours)? ☐ Yes ☐ No **FASTYN**  
If Yes, number of hours fasting (round to nearest hour): \_\_\_\_ **FASTHR**

			Not Done	
a. White blood cells	<b>WBC</b>	x10 <sup>3</sup> /mm <sup>3</sup>	<input type="checkbox"/>	
b. Platelets	<b>PLAT</b>	x10 <sup>3</sup> /mm <sup>3</sup>	<input type="checkbox"/>	
c. Hemoglobin	<b>HGB</b>	g/dL	<input type="checkbox"/>	
d. Hematocrit	<b>HTC</b>	%	<input type="checkbox"/>	
e. ALT	<b>ALT</b>	IU/L	<input type="checkbox"/>	ALT normal range: <b>ALT<sub>L</sub> - ALT<sub>U</sub></b>
f. AST	<b>AST</b>	IU/L	<input type="checkbox"/>	AST normal range: <b>AST<sub>L</sub> - AST<sub>U</sub></b>
g. Alkaline phosphatase	<b>ALKP</b>	IU/L	<input type="checkbox"/>	Alk P normal range: <b>ALK<sub>PL</sub> - ALK<sub>PU</sub></b>
h. Total bilirubin	<b>TBILI</b>	mg/dL	<input type="checkbox"/>	
i. Direct bilirubin	<b>DBILI</b>	mg/dL	<input type="checkbox"/>	
j. Indirect bilirubin	<b>IBILI</b>	mg/dL	<input type="checkbox"/>	
k. Albumin	<b>ALB</b>	g/dL	<input type="checkbox"/>	
l. Total protein	<b>TP</b>	g/dL	<input type="checkbox"/>	
m. Creatinine	<b>CREAT</b>	mg/dL	<input type="checkbox"/>	
n. Alpha-fetoprotein	<b>AFP</b>	ng/mL	<input type="checkbox"/>	
o. INR	<b>INR</b>		<input type="checkbox"/>	
p. Glucose	<b>GLU</b>	mg/dL	<input type="checkbox"/>	



## Special Visit Form (Adult)

Patient ID \_\_\_\_ - \_\_\_\_ **ID** \_\_\_\_ - \_\_\_\_

Date of Evaluation: **DOEDATE**

### SECTION V: EVALUATION ASSESSMENTS

**Instructions:** Record tests performed as part of this evaluation. Record the date that each assessment was performed, as part of this evaluation.

- |                                   |                              |                             |   |
|-----------------------------------|------------------------------|-----------------------------|---|
| 1. Symptom Assessment <b>EASA</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| 2. Fibroscan <b>EAFS</b>          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date <b>EAFSM/D/Y</b> Complete Fibroscan form               |
| 3. Breath test <b>EABT</b>        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date <b>EABTM/D/Y</b> Complete Breath Test form             |
| 4. Liver biopsy <b>EALB</b>       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date <b>EALBM/D/Y</b> Complete Liver Biopsy form            |
| 5. Pregnancy <b>EAPREG</b>        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date <b>EAPREGM/D/Y</b> Complete appropriate Pregnancy form |

NOTE: Complete the Flare Resolution form following resolution of flare.

### SECTION VI: BIOSPECIMENS

1. Were serum/plasma samples obtained? ☐ Yes ☐ No **BIOSPEC**
- If Yes, (check all that apply): ☐ NIDDK repository ☐ Genetics ☐ Immunology study ☐ Central testing lab
- NIDDKR**                      **GEN**                      **IMM**                      **CLAB**

Data collector initials: **DCID**

Date data collection completed (mm/dd/yy): **DCM / DCD / DCY**