



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 HBSAG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HBeAg HBEAG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Anti-HBs HBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anti-HBe HBE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Anti-HDV HDV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Anti-HCV HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Anti-HAV IgM HAV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anti-HBc IgM HBC	<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	WBC	x10 ³ /mm ³	<input type="checkbox"/>	
b. Platelets	PLAT	x10 ³ /mm ³	<input type="checkbox"/>	
c. Hemoglobin	HGB	g/dL	<input type="checkbox"/>	
d. Hematocrit	HTC	%	<input type="checkbox"/>	
e. ALT	ALT	IU/L	<input type="checkbox"/>	ALT normal range: ALTU - ALTU
f. AST	AST	IU/L	<input type="checkbox"/>	AST normal range: ASTL - ASTU
g. Alkaline phosphatase	ALKP	IU/L	<input type="checkbox"/>	Alk P normal range: ALKPL - ALKPU
h. Total bilirubin	TBILI	mg/dL	<input type="checkbox"/>	
i. Direct bilirubin	DBILI	mg/dL	<input type="checkbox"/>	
j. Indirect bilirubin	IBILI	mg/dL	<input type="checkbox"/>	
k. Albumin	ALB	g/dL	<input type="checkbox"/>	
l. Total protein	TP	g/dL	<input type="checkbox"/>	
m. Creatinine	CREAT	mg/dL	<input type="checkbox"/>	
n. Alpha-fetoprotein	AFP	ng/mL	<input type="checkbox"/>	
o. INR	INR		<input type="checkbox"/>	
p. Glucose	GLU	mg/dL	<input type="checkbox"/>	



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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 **EASA** Yes No
2. Fibroscan **EAFS** Yes No Date **EAFSM/D/Y** Complete Fibroscan form
3. Breath test **EABT** Yes No Date **EABTM/D/Y** Complete Breath Test form
4. Liver biopsy **EALB** Yes No Date **EALBM/D/Y** Complete Liver Biopsy form
5. Pregnancy **EAPREG** Yes No Date **EAPREGM/D/Y** 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**