Screening Log (Adult - Targeted Enrollment)
Targeted groups: Acute HBV, ALT Flare, Anti-HDV+, Immunology Study, or Pregnant Women;
Known HIV coinfection (if site participating in the HBV/HIV Co-infected Ancillary Study)

Page: **PNUM**

Line	Date Screened	Year of Birth	Gender (If Female, pregnant?)	Race *Check all that apply*	Laboratory Results Record most recent result or check **N**ot **A**vailable	Cohort Eligibility Criteria & Consent (Cohort and HIV Coinf)	Participant Information
LNUM 01	**SCRM**/ **SCRY**	**DOBY**	Gender: **SCRSEX** ☐ Male ☐ Female ------------- Pregnant? **SCRPREG** Y N	☐ White **SRACEW** ☐ Black **SRACEB** ☐ Asian **SRACEA** ☐ Ameri Ind **SRACEI** ☐ Hawaiian **SRACEH** ☐ Other **SRACEO** Specify: **SRACEOS** ☐ Unknown **SRACEU**	NA HBeAg **SCRHBE** ☐ HBV DNA **SCRHBV** ☐ ☐ IU/mL ☐ copies/mL **SCRHBVU** ALT **SCRALT** IU/L ☐	History of hepatic decompensation **HDC** History of HCC **HCC** History of liver transplantation **LIVTX** Known HIV infection **HIV** Currently on antiviral therapy for HBV **ANTIV** *Cohort* consent obtained? **CONS** If No, reason **CREAS** Other, specify **CREASO** *HIV Coinf* consent obtained? **HIVCONS** If No, reason **HIVCREAS** Other, specify **HIVCREASO**	Date consented **CONSM/D/Y** (first obtained) *(mm/dd/yy)* Patient ID **ID** ☐ check if rescreen **RESCR** _____ Targeted group *(check all that apply)*: ☐ Acute HBV **ACUTE** ☐ ALT flare **FLARE** ☐ Known Anti-HDV + **HDV** ☐ Immunology study **IM** ☐ HBV/HIV Coinf **HIVC**
02	___/___ *mm yy*	― ― ― ―	Gender: ☐ Male ☐ Female ------------- Pregnant? Y N	☐ White ☐ Black ☐ Asian ☐ American Indian ☐ Native Hawaiian ☐ Other Specify:_____ ___ ☐ Unknown	NA HBeAg + - ☐ HBV DNA _____ ☐ ☐ IU/mL ☐ copies/mL ALT __ __ __ __ IU/L ☐	History of hepatic decompensation Y N History of HCC Y N History of liver transplantation Y N Known HIV infection Y N Currently on antiviral therapy for HBV Y N *Cohort* consent obtained? Y N N/A If No, reason ____ Other, specify_____ *HIV Coinf* consent obtained? Y N N/A If No, reason ____ Other, specify_____	Date consented ___ / ___ / _____ (first obtained) *(mm/dd/yy)* Patient ID __ __-__ __ __-__ __ __ ☐ check if rescreen _____ Targeted group *(check all that apply)*: ☐ Acute HBV ☐ ALT flare ☐ Known Anti-HDV + ☐ Immunology study ☐ HBV/HIV Coinf
03	___/___ *mm yy*	― ― ― ―	Gender: ☐ Male ☐ Female ------------- Pregnant? Y N	☐ White ☐ Black ☐ Asian ☐ American Indian ☐ Native Hawaiian ☐ Other Specify:_____ ___ ☐ Unknown	NA HBeAg + - ☐ HBV DNA _____ ☐ ☐ IU/mL ☐ copies/mL ALT __ __ __ __ IU/L ☐	History of hepatic decompensation Y N History of HCC Y N History of liver transplantation Y N Known HIV infection Y N Currently on antiviral therapy for HBV Y N *Cohort* consent obtained? Y N N/A If No, reason ____ Other, specify_____ *HIV Coinf* consent obtained? Y N N/A If No, reason ____ Other, specify_____	Date consented ___ / ___ / _____ (first obtained) *(mm/dd/yy)* Patient ID __ __-__ __ __-__ __ __ ☐ check if rescreen _____ Targeted group *(check all that apply)*: ☐ Acute HBV ☐ ALT flare ☐ Known Anti-HDV + ☐ Immunology study ☐ HBV/HIV Coinf

Reasons consent not obtained: 1=Refused, 2=Language barrier, 3=Unable to comply with follow-up, 4=Not approached, clinically ineligible, 6=Not approached, 9=Other