



Immunology Study Enrollment Criteria (Adult)

Patient ID ___ - ___ ID ___ - ___

Date of Determination: **DODDATE**

SECTION I: INCLUSION CRITERIA

	Yes	No
1. Patient ≥ 18 years of age INAGE	<input type="checkbox"/>	<input type="checkbox"/>
2. Patient is one of the following hepatitis B phenotypes INPHEN If yes check one: INPHENS <input type="checkbox"/> Immune tolerant chronic hepatitis B HBeAg positive chronic hepatitis B (definite) Enrollment closed HBeAg negative chronic hepatitis B (definite) Enrollment closed <input type="checkbox"/> Inactive carrier (definite) Enrollment closed <input type="checkbox"/> Chronic hepatitis B with ALT flare (Chronic or Acute)	<input type="checkbox"/>	<input type="checkbox"/>
3. Patient has provided written informed consent INCONS	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II: EXCLUSION CRITERIA

	Yes	No
1. Patient has anemia defined as Hgb < 10 or Hct < 30 EXANEM	<input type="checkbox"/>	<input type="checkbox"/>
2. Active medical condition such as congestive heart failure, chronic lung disease requiring oxygen, coronary artery disease with unstable angina, sepsis, or renal failure that would make the patient unsuitable for the study. EXMCOND	<input type="checkbox"/>	<input type="checkbox"/>
3. Autoimmune disease or on immunosuppression therapy EXAUTO	<input type="checkbox"/>	<input type="checkbox"/>
4. History or other evidence of severe illness or other medical or social condition that would make the patient, in the opinion of the investigator, unsuitable for the study? EXPIOP If Yes, specify _____ EXPIOPS	<input type="checkbox"/>	<input type="checkbox"/>

If the responses to all inclusion criteria are YES and all exclusion criteria are NO, the patient is eligible to participate in the Immunology Study.

Is the patient eligible to participate in the Immunology study? Yes No **IMMELIG**

Data collector initials: ___ **DCID**

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