Screening Log (Adult - Targeted Enrollment)

Targeted groups: Acute HBV, ALT Flare, Anti-HDV+, Potential IT/IA Trial Participant, Immunology Study, or Pregnant Women; Known HIV coinfection (if site participating in the HBV/HIV Co-infected Ancillary Study)

Page: __ __ __ __

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, IT Trial, IA Trial, HIV Coinf)	Participant Information
01	___/___ *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_____ ***IA Trial*** consent obtained? Y N N/A If No, reason ____ Other, specify_____ ***IT Trial*** 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 + ☐ IT Trial ☐ Immunology study ☐ IA Trial ☐ HBV/HIV Coinf
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_____ ***IA Trial*** consent obtained? Y N N/A If No, reason ____ Other, specify_____ ***IT Trial*** 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 + ☐ IT Trial ☐ Immunology study ☐ IA Trial ☐ 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_____ ***IA Trial*** consent obtained? Y N N/A If No, reason ____ Other, specify_____ ***IT Trial*** 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 + ☐ IT Trial ☐ Immunology study ☐ IA Trial ☐ 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, other, 7=Not interested in IT/IA trial, 8=Screening directly for trial, 9=Other