



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)

Line	Date Screened	Year of Birth	Gender (If Female, pregnant?)	Race <i>Check all that apply</i>	Laboratory Results Record most recent result or check Not Available	Cohort Eligibility Criteria & Consent (Cohort and HIV Coinf)	Participant Information
01	____/____/____ <i>mm yy</i>	_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Pregnant? Y N	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	HBeAg + - NA HBV DNA _____ <input type="checkbox"/> IU/mL <input type="checkbox"/> copies/mL ALT _____ IU/L <input type="checkbox"/>	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 ____-____-____ <input type="checkbox"/> check if rescreen Targeted group (<i>check all that apply</i>): <input type="checkbox"/> Acute HBV <input type="checkbox"/> ALT flare <input type="checkbox"/> Known Anti-HDV + <input type="checkbox"/> Immunology study <input type="checkbox"/> HBV/HIV Coinf
02	____/____/____ <i>mm yy</i>	_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Pregnant? Y N	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	HBeAg + - NA HBV DNA _____ <input type="checkbox"/> IU/mL <input type="checkbox"/> copies/mL ALT _____ IU/L <input type="checkbox"/>	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 ____-____-____ <input type="checkbox"/> check if rescreen Targeted group (<i>check all that apply</i>): <input type="checkbox"/> Acute HBV <input type="checkbox"/> ALT flare <input type="checkbox"/> Known Anti-HDV + <input type="checkbox"/> Immunology study <input type="checkbox"/> HBV/HIV Coinf
03	____/____/____ <i>mm yy</i>	_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Pregnant? Y N	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	HBeAg + - NA HBV DNA _____ <input type="checkbox"/> IU/mL <input type="checkbox"/> copies/mL ALT _____ IU/L <input type="checkbox"/>	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 ____-____-____ <input type="checkbox"/> check if rescreen Targeted group (<i>check all that apply</i>): <input type="checkbox"/> Acute HBV <input type="checkbox"/> ALT flare <input type="checkbox"/> Known Anti-HDV + <input type="checkbox"/> Immunology study <input type="checkbox"/> 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, 9=Other