

Date: _____

Dear Health Care Professional,

Hepatitis C is a reportable disease under N.J. A. C. 8:57. To determine if this is a confirmed case, we need to obtain additional information. Attached is a copy of the hepatitis C blood work for your patient,

Please provide the following information:

Date of Diagnosis :	Date of Onset (if known):
Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Black	Ethnicity: <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic or non-Latino
Type (Check one) <input type="checkbox"/> ACUTE or <input type="checkbox"/> CHRONIC	
Please check any known risk factors: <input type="checkbox"/> Past or present injection drug use <input type="checkbox"/> Blood transfusion prior to 1992 <input type="checkbox"/> Received clotting factor prior to 1987 <input type="checkbox"/> Tattoos or body piercing <input type="checkbox"/> Organ transplant prior to 1992 <input type="checkbox"/> Health Care Worker/Military Medic <input type="checkbox"/> Long term dialysis <input type="checkbox"/> Multiple sexual partners <input type="checkbox"/> Incarceration <input type="checkbox"/> Other healthcare procedure (specify): _____ <input type="checkbox"/> Unknown	
Patient informed of diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disease-related education provided to patient? <input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you for your assistance. Please fax to the _____ Health Department at _____.

(your name)