

POSTNATAL PERINATAL HEPATITIS B CASE and HBIG REPORT

Postpartum or Infant cases up to 24 months of age may be reported to the Perinatal Hepatitis B Coordinator

DATE	DELIVERY HOSPITAL
REPORTER	PHONE
REPORTER'S EMAIL	

MOTHER'S INFORMATION	
NAME	DOB
ADDRESS	PHONE H- C-
EMERGENCY CONTACT	PH
RACE <input type="checkbox"/> American Ind/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown ETHNICITY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Unknown	
PRENATAL CARE PROVIDER	PHONE
HEP B LABS: HBsAg :	HBV DNA:
<input type="checkbox"/> Mother's HBsAg status is unknown at time of delivery	Insurance

****PLEASE ATTACH ORIGINAL HEPATITIS B LAB REPORTS****

SURNAME OF FATHER

NEWBORN/CHILD INFORMATION	
NAME	<input type="checkbox"/> M <input type="checkbox"/> F DOB TIME WT
HBIG GIVEN DATE	TIME <input type="checkbox"/> NOT GIVEN/UNKNOWN
HEB B VACCINE DATE	TIME <input type="checkbox"/> NOT GIVEN/UNKNOWN
OUTPATIENT PEDIATRIC CARE PROVIDER EXPECTED	PHONE

****ATTACH VACCINATION RECORD IF NEW PEDIATRIC REFERRAL****

Send all case referrals to the DOH **CONFIDENTIAL FAX** at 202-741-8720. For assistance please call 202-671-4900.
For confirmation of receipt, please include your e-mail address.