

This section to be completed by Health Department						This section to be completed by facility after reviewing patient record			
NYC Health Dept ID	Last name	First name	Date of birth	Sex at birth	Most recent hepatitis C RNA test result*	Review outcome**	Treatment barriers**	Resources needed**	Notes
1234	John	Doe	MM/DD/YYYY	Male	Positive	Will outreach and link to hepatitis C care/treatment	Other adherence issues, Insurance	DOT	
12345	Jane	Doe		F	positive	Lost to follow up			

*Laboratory data reported to the NYC hepatitis C surveillance registry as of [date].

**Dropdown options

Outcome	Treatment Barriers	Resources Needed
<ul style="list-style-type: none"> Previously treated and cured of hepatitis C Currently being treated for hepatitis C Will outreach and link to hepatitis C care/treatment Lost to follow-up Other (Please explain in notes) 	Please list all that apply: <ul style="list-style-type: none"> Insurance Mental health Previous difficulties with hepatitis C treatment Substance use Other adherence issues 	Please list all that apply: <ul style="list-style-type: none"> DOT Patient navigation