

**WOMEN'S INTERAGENCY HIV STUDY  
LABORATORY – SERUM ANTIBODY TESTS  
FORM L02 – HEPATITIS**

ID LABEL      
HERE --->

VISIT #:      FORM COMPLETED BY:  
     

VERSION DATE **08/15/94**

**ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.**

A1. ARE TEST RESULTS AVAILABLE?

- Yes..... 1 (A2)
- No, Sample Inadequate..... 2 (END)
- No, Other Reason ..... 3

\_\_\_\_\_ (END)  
(SPECIFY)

A2. DATE SAMPLE DRAWN:        M    /        D    /        Y       

<u>STUDY</u>	<u>POSITIVE</u>	<u>NEGATIVE</u>	<u>NOT TESTED</u>
A3. HB <sub>S</sub> Ag (Hepatitis B-surface antigen)	1	2	3
A4. HB <sub>S</sub> Ab (Hepatitis B-surface antibody)	1	2	3
A5. HB <sub>C</sub> Ab (anti HB <sub>C</sub> ) (Hepatitis B-core TOTAL antibody)	1	2	3
A6. HCV Ab (Hepatitis C antibody)	1	2	3