



HEPATITIS B TESTING REGISTRATION 乙肝/B 肝驗血註冊表

A) CLIENT INFORMATION 基本資料 (請以英文填寫)

Last (family) Name: 姓	Middle Initial 暱名縮寫:	First (given) Name: 名	Date of Birth: 生 日(月/日/年) MM/DD/YYYY	Primary Language(s): 主要使用語言
Gender 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 Are you pregnant now? 妳現在有懷孕嗎? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/> Not sure 不確定	Race 種族: <input type="checkbox"/> Non-Hispanic/Non—Latino 非拉丁族,非西班牙裔; <input type="checkbox"/> Hispanic/Latino 拉丁族,西班牙裔 Ethnicity 族裔: <input type="checkbox"/> Chinese 中國 <input type="checkbox"/> Korean 韓國 <input type="checkbox"/> Japanese 日本 <input type="checkbox"/> Vietnamese 越南 <input type="checkbox"/> Other A&PI 其他亞太族裔,請說明: _____ <input type="checkbox"/> Filipino 菲律賓 <input type="checkbox"/> Pacific Islander 太平洋島嶼 <input type="checkbox"/> MultiRacial 混血 <input type="checkbox"/> African American 非洲 <input type="checkbox"/> Latino/Hispanic 拉丁/西班牙 <input type="checkbox"/> Caucasian 白人			
How many people live in your household in addition to yourself? 家裡除了你自己以外,還住了幾個人?	Country of Birth 出生國	Year Arrived in US 那一年到美國的	Mother's Country of Birth 母親的出生國	Father's Country of Birth 父親的出生國

B) CONTACT INFORMATION 聯絡方式

Home Phone Number (with area code) 家裡電話(區域號碼):	Work Phone 工作電話:	Cell Phone 行動電話:		
Street Address 地址,: 號碼, 街道:	Apt # 公寓 號碼:	City 城市:	State 州	Zip Code 郵編:
e-mail address 電子信箱:	Preferred Primary Contact (check one): 選擇你最喜歡的聯絡方式: <input type="checkbox"/> Home Phone 家裡電話 <input type="checkbox"/> Cell Phone 行動電話 <input type="checkbox"/> Work Phone 工作電話 <input type="checkbox"/> E-mail 電子郵件			

C) QUESTIONS 問卷

Have you ever received shots for hepatitis A? 你曾經接種過甲肝/A 型肝炎預防針嗎?	Yes 有	No 沒有	Not Sure 不確定	If yes, how many? 如果有,幾次?
Have you ever received shots for hepatitis B? 你曾經接種過乙肝/B 型肝炎預防針嗎?	Yes 有	No 沒有	Not Sure 不確定	If yes, how many? 如果有,幾次?
Have you ever had your blood tested for hepatitis B? 你曾經做過乙肝/B 型肝炎的驗血檢查嗎?	Yes 有	No 沒有	Not Sure 不確定	If yes, do you know the result? 如果有,你知道你的檢查結果嗎?
Has a doctor ever told you that you have hepatitis B? 有醫生告訴過你“你有乙肝/B 型肝炎”嗎?	Yes 有	No 沒有	Not Sure 不確定	
Does anyone in your family have hepatitis B? 你的家庭裡面,有人現在患有乙肝/B 型肝炎嗎?	Yes 有	No 沒有	Not Sure 不確定	If yes, who? 如果有,能說是誰嗎?
Do you have health insurance now? 你現在有任何保險嗎?	Yes 有	No 沒有	Not Sure 不確定	If yes, name of insurance carrier? 如果有,是那家保險公司?
Do you currently have a medical provider? 你現在有任何固定的醫生嗎?	Yes 有	No 沒有	Not Sure 不確定	If yes, name & city of provider? 如果有,醫生的名字和他從業的地點?



*The Asian Liver Center
at Stanford University*
300 Pasteur Drive, H3680
Stanford, California 94305
(650) 72.LIVER



CONSENT AND RELEASE FOR CHRONIC HEPATITIS B SCREENING

I hereby consent to the drawing of a blood sample by volunteering phlebotomists and Stanford Clinical Lab on behalf of the Asian Liver Center at Stanford University (the “Asian Liver Center”) to determine whether I am a chronic (life-long) hepatitis B carrier.

Procedure

One small tube of blood will be drawn from a vein in your arm. The blood will be tested for hepatitis B surface antigen (HbsAg) and hepatitis B surface antibody (anti-HBs), which will identify whether you are a life-long hepatitis B carrier.

Possible complications with blood drawing may include pain, bruising, fainting or blood clotting. Neither of these tests will detect recent infection with hepatitis B. As with all laboratory tests, rare results may be inaccurate.

Purposes of the Screening and Disclosure

The purpose of the testing is to determine your hepatitis B status. By signing this form, you are authorizing Stanford Clinical Lab to disclose the test results to Samuel So, MD, the Director of the Asian Liver Center, and the Asian Liver Center. Dr. So and the Asian Liver Center will notify you of the test results by United States Postal Service mail. In addition, any positive hepatitis B surface antigen test results will be reported to the Department of Public Health for the county in which you reside, in accordance with applicable law. Except as described above, any personal information gathered in the course of this blood drawing and screening will remain confidential to the extent permitted by law.

Cost and Follow-Up Treatment

**The hepatitis B surface antigen (HbsAg) and hepatitis B surface antibody (anti-HBs) tests will be performed at no cost to you. If the results of your blood test indicate a positive hepatitis B surface antigen and, therefore, that you may be at risk for developing liver cancer, cirrhosis or liver failure, you should contact your personal physician for follow-up. You are solely responsible for initiating a follow-up exam to confirm the results of this screening and obtain professional medical assistance.

Voluntary Participation and Additional Information

The hepatitis B screening and this consent form are voluntary and for your own benefit.

You hereby release the Asian Liver Center and its affiliated entities and their respective officers, employees, successors and assigns from any liability arising from or in any way connected with this blood drawing for the tests indicated above. If you have additional questions, you can contact Dr. So at the Asian Liver Center at the address and phone number noted above.

Signature: _____

Date: _____