

HBV DNA Results Form

Please complete and return this form by fax or email:

Fax: (213) 351-2781



SEND THIS FORM IF HBV DNA IS > 20,000 IU/mL OR if Patient is No Longer in Your Care

Patient's Name: _____ DOB: _____

(mm/dd/yyyy)

Please indicate the patient's HBV DNA status (*check one*):

☐ HBV DNA detected >20,000 IU/mL

Was patient referred to a specialist? ☐ Yes (or already referred) ☐ No ☐ Unknown

If yes (or already referred), please provide the doctor's name and phone number:

Specialist's Name: _____

Phone Number: _____

If no, please indicate reason:

☐ Prenatal care started late in the pregnancy

☐ Patient refused referral

☐ Other reason: _____

☐ HBV DNA detected >200,000 IU/mL

Was patient evaluated by a specialist for antiviral therapy? ☐ Yes ☐ No ☐ Unknown

Has patient started antiviral therapy? ☐ Yes (or already on antivirals) ☐ No ☐ Unknown

If yes (or already on antivirals), please provide the antiviral medication name.

☐ Tenofovir disoproxil (TDF, Viread) ☐ Tenofovir alafenamide (TAF, Vemlidy)

☐ Other: _____ ☐ Unknown

If no, please indicate reason:

☐ Prenatal care started late in the pregnancy

☐ Patient refused antiviral therapy

☐ Other reason: _____

☐ Patient is no longer in my care.

New Obstetrician's Name (if known): _____

Phone Number: _____

Name of Physician Completing Form: _____

Phone Number: _____ Email: _____

Fax Number: _____ Date Submitted: _____

The information will be used only for necessary public health follow-up as defined in Division 1 and 4 of the State Health and Safety Code for communicable disease control. Public health reporting is exempted from HIPAA restrictions. The information contained is confidential and is intended only for the use of the recipient listed above. If you are neither the intended recipient or the employee or agent of the intended recipient responsible for the delivery of this information, you are hereby notified that the disclosure, copying, use or distribution of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone to arrange for the return of the transmitted documents to us or to verify their destruction.

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