



Texas Perinatal Hepatitis B Prevention Program Summit Database Online Training

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May 2024



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Health and Human
Services

Ventas
Consulting

- Introduction
- Salesforce CRM
- Public Portal
- Add Hospital/Provider forms
- Add Transfer/Refugee Forms
- Add Labs/Vaccines
- Upload Files





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Introduction

- Upasna Langar - Sr. Salesforce Consultant
- Salesforce Consultancy based in Texas
- 10 years of partnership with HHS
- Created/supported 12 HHS applications





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Salesforce CRM

- Salesforce is one of the most popular cloud-based CRM platforms that are designed for businesses that helps in managing business processes, customer relationships and sales.
- Salesforce create a user-friendly environment for your business.
- Using Salesforce you can easily access all the data from anywhere and anytime.



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Login

Hospital/Provider/Other States : <https://txhhs.my.site.com/DSHSPeriHepBPreventionPortal/s/>

Regional Coordinator : <https://txhhs.lightning.force.com/>

Local Health Department : <https://txhhs.my.site.com/DSHSPeriHepBPrevention>



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Add forms/labs from Public Portal

<https://txhhs.my.site.com/DSHSPeriHepBPrevention>



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Texas DSHS Perinatal Hepatitis B Prevention Program



LABS/VACCINES



HOSPITAL/PROVIDER FORMS



INTERSTATE TRANSFER FORM



REFUGEE REPORTING FORM



ADDITIONAL RESOURCES



CONTACT US



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Forms

Hospital/Provider Form

<https://txhhs.my.site.com/DSHSPeriHepBPreventionPortal/s/create-hospital-provider-form>



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HOSPITAL/PROVIDER FORM

Perinatal Hepatitis B Prevention Program
Provider / Hospital Report of HBsAg-Positive Mother

Texas Administrative Code Title 25,
Chapter 97, Subchapter A, Rule § 97.2 - § 97.3,
describes who shall report and what conditions and isolates to report or submit.

Reporter

* Reported By ⓘ

--None--

* Address



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Forms

Interstate Transfer Form

<https://txhhs.my.site.com/DSHSPeriHepBPreventionPortal/s/Create-interstate-form>



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INTERSTATE TRANSFER FORM

Perinatal Hepatitis B Prevention Program

Instructions: Programs should complete and forward this form along with all applicable case information to the perinatal hepatitis B prevention coordinator in the mother's new jurisdiction. The jurisdiction receiving this form should confirm receipt of the case transfer.

Coordinator Information

Originated From

Moving To

* Jurisdiction Case Originated (city or state):

* Case Manager/Coordinator Name:

* Jurisdiction Case Moving To (city or state):

* Case Manager/Coordinator Name:



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Forms

Refugee Reporting Form

<https://txhhs.my.site.com/DSHSPeriHepBPreventionPortal/s/refugee-reporting>



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REFUGEE REPORTING FORM

Perinatal Hepatitis B Prevention Program

Instructions: Programs should complete and forward this form along with all applicable case information to the perinatal hepatitis B prevention coordinator in the mother's new jurisdiction. The jurisdiction receiving this form should confirm receipt of the case transfer.

Coordinator Information

Originated From

* Country

Jurisdiction Case Originated (city or state):

* Case Manager/Coordinator Name:

Moving To

* Jurisdiction Case Moving To (city or state):

* Case Manager/Coordinator Name:

* Email:



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Forms

Labs/Vaccines

<https://txhhs.my.site.com/DSHSPeriHepBPreventionPortal/s/labs>



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LABS/VACCINES

Fill in the information below and click Next to upload labs/vaccines to the Texas DSHS Perinatal Hepatitis B Prevention Program.

Reporter Information

* Reported By

--None--

* Reporter Name

* Reporter Address

* Reporter City



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Upload Files/Documents

<https://txhhs.my.site.com/DSHSPeriHepBPreventionPortal/s/labs>

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LABS

Upload related labs/documentation by clicking the Upload Files button below or dragging files from your computer into the space below.

(*Note: PDFs are the only acceptable document type)

Please Upload Labs Documentation: (You can upload more than one file if necessary)

Or drop files

Click Next to continue when you are finished uploading your documents

Next



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Contact

Contact Information

Phone: (800) 252-9152

Email: TXPeriHepB@dshs.texas.gov

Fax: (512) 776-7544





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Thank You