



Texas Department of State Health Services

Perinatal Hepatitis B Prevention Program

Provider / Hospital Report of HBsAg-Positive Mother

Mail Code 1946
P.O. Box 149347
Austin, Texas 78714 - 9347
Phone: (512) 776 - 6813 Fax: (512) 776 - 7544

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.

Reported by: Prenatal Health Care Provider Delivery Hospital

Complete form at prenatal visit and then submit completed form to local health department.
Complete and submit form to the local health department upon delivery to include the infants information.
*** Please ensure that all appropriate areas of the form are completed.**

	Name	Phone / Fax Number	Address
Reporter (Person Completing Form)			
Mother's OB/GYN			
Pediatric Health Care Provider			
Mother			
Infant			
Planned Delivery Hospital			

MOTHER'S INFORMATION:

Date of Birth: _____ Safe Surrender? Yes No
(mm/dd/yyyy)

Reproductive History: _____ Gravida: _____ Para: _____

Preferred language:

English Chinese Korean Spanish

Vietnamese Other _____

Estimated Due Date (EDD): _____
(mm/dd/yyyy)

MOTHER'S SEROLOGY RESULTS:

Date(s) of Result: _____, _____
(mm/dd/yyyy) (mm/dd/yyyy)

HBsAg Result: Reactive Non-Reactive

anti-HBs Result: Reactive Non-Reactive

anti-HBc Result: Reactive Non-Reactive

anti-HBc IgM Result: Reactive Non-Reactive

HBeAg Result: Reactive Non-Reactive

Date Form Completed: _____
(mm/dd/yyyy)

Date Form Sent to Local Health Department: _____
(mm/dd/yyyy)

Please attach a copy of the lab reports. _____
(mm/dd/yyyy)

INFANT'S INFORMATION:

Date of Birth: _____
(mm/dd/yyyy)

Time of Birth: _____ A.M. P.M.

Birth Weight: _____ (in lbs)

Gender: Female Male

HBIG Administration

Date: _____ Time: _____ A.M. P.M.

Manufacturer: _____

Lot Number: _____

Hepatitis B Vaccine

Date: _____ Time: _____ A.M. P.M.

Formulation: Recombivax® HB (MERCK) 0.5mL, Pediatric Formulation
 Recombivax® HB (MERCK) 0.5mL, Adult Formulation
 Engerix®- B (GlaxoSmithKline) 0.5mL, Pediatric Formulation

Lot Number: _____

PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.tx.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

NOTIFICACIÓN SOBRE PRIVACIDAD

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Diríjase a <http://www.dshs.tx.gov> para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 552.021, 552.023, 559.003 y 559.004)