

# Perinatal Hepatitis B Hospital Report Form

**For Women Known to be HBsAg POSITIVE:** Administer hepatitis B immune globulin (HBIG) AND hepatitis B vaccine to infant in separate limbs within 12 hours of birth.

**For Women Whose HBsAg Status is UNKNOWN:** Perform stat HBsAg screening. While tests are pending, administer hepatitis B vaccine to infant within 12 hours of birth. If the mother's test is positive, the infant should receive HBIG as soon as possible and before the infant is discharged. HBIG must be given within 7 days of birth.

Please complete and FAX to: Perinatal Hepatitis B Coordinator

Fax: 1-800-831-6292 Phone: 1-800-831-6293 ext. 1

Hospital/Birthing Center: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Note: Only report if mother is HBsAg positive

<b>Mother Information</b>	HBsAg (+) Test Date:
First Name:	Last Name:
Date of Birth:	Phone:
Address:	City/Zip:
Physician Name:	Physician Clinic Name/Phone:

\*Please send a copy of the mother's HBsAg lab with this form.

<b>Infant Information</b>	
First Name:	Last Name:
Date of Birth:	Time of Birth:
Birthweight:	Sex: Male Female
Date of HBIG:	Time of HBIG:
HBIG Given Within 12 hours of Birth: Yes No	Site Administered:
Date of Hepatitis B Vaccine:	Time of Hepatitis B Vaccine:
Hepatitis B Vaccine Given Within 12 Hours of Birth: Yes No	Site Administered:
Where Will Infant Continue Care: Provider: Clinic Name:	Clinic Address:  Clinic Phone: