



Alaska Perinatal Hepatitis B Prevention Program  
 3601 C Street, Suite 540  
 Anchorage, AK 99503  
 Telephone: (907) 269-8000  
 Fax: (907) 562-7802



**CONFIDENTIAL: Prenatal Report of HBsAg-Positive Mother**

Clinics should use this form to report pregnant women who are hepatitis B carriers to the Perinatal Hepatitis B Prevention Program. Please **PRINT** and complete the information that applies and send with a copy of the lab. **FAX to: (907) 562-7802 (Confidential Fax Number)**. If you have questions, call DHSS/DPH at (907) 269-8000.

<b>Mother's Information</b>		
<b>HBsAg (+) Test Date:</b>		<b>Date of Birth:</b>
<b>First Name:</b>		<b>Last Name:</b>
Telephone Number: ( ) -		Alternate Telephone Number: ( ) -
Address:		
City:	State: Alaska	Zip Code:
Physician's Name:		Telephone Number: ( ) -
<b>Race:</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown
Mother's Country of Origin:	Mother's Preferred Language:	Mother's Maiden Name:
<b>Estimated Due Date:</b>  / /		<b>Planned Delivery Hospital:</b>
<b>Mother's Insurance Status:</b> <input type="checkbox"/> Insured <input type="checkbox"/> Uninsured <input type="checkbox"/> Medicaid		<b>Planned Pediatrician:</b>