

## LFT AND UDS RECORD

<b>Name:</b> <b>DOB:</b> <b>Gender:</b> <b>PHN:</b>	<b>Age:</b>	<b>Team:</b> <b>PARIS ID:</b> <b>Casenote Date:</b>
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**Reason:** \_\_\_\_\_ **Staff Member:** \_\_\_\_\_

**Casenotes**

### Hepatitis Studies - Entry

Hepatitis Studies - Entry
✓ ✕

Hepatitis Studies
📁

Recorded By
...
Date Recorded

Test Date

Hep A Status
☐ IMMUNE
 ☐ NON-IMMUNE

Hep A Vaccination Date

Hep B Status
☐ IMMUNE
 ☐ NON-IMMUNE

Hep B Vaccination Date

Hep B Carrier
☐ YES
 ☐ NO

See PARIS Clinical Summary Module for immunization history

HCV Antibody Status
☐ POSITIVE
 ☐ NEGATIVE

HCV-PCR/RNA
☐ POSITIVE
 ☐ NEGATIVE

HCV Genotype

Entered in Error?
☐

## LFT AND UDS RECORD

Name:  
DOB:

PARIS ID:  
PHN:

### Liver Function Test Results

Liver Function Test Results - Entry			
<u>Liver Function Test Results</u>			
<u>Recorded By</u>		<u>Date Recorded</u>	
<u>Test Date</u>			
AST	U/L	ALK Phos.	U/L
ALT	U/L	Bilirubin	U/L
GGT	U/L		
<u>Comments</u>			
Entered in Error? <input type="checkbox"/>			

### Urine Drug Screen Test Results

Urine Drug Screen Test Results - Entry					
<u>Urine Drug Screen Test Results</u>					
<u>Recorded By</u>			<u>Date Recorded</u>		
<u>Test Date</u>					
Meth Metab	<input type="checkbox"/> POS	<input type="checkbox"/> NEG	OP	<input type="checkbox"/> POS	<input type="checkbox"/> NEG
CO	<input type="checkbox"/> POS	<input type="checkbox"/> NEG	BZ	<input type="checkbox"/> POS	<input type="checkbox"/> NEG
AMP	<input type="checkbox"/> POS	<input type="checkbox"/> NEG			
<u>Other</u>					
Random	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<u>Comments</u>					
Entered in Error? <input type="checkbox"/>					

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----