



# Epidemiology Unit

Ministry of Health, Nutrition & Indigenous Medicine

## Hepatitis B & C Hospital Based Surveillance - Quarterly Data Collection form



(Please enter **confirmed** Hepatitis B or C patients **only** - **Do not** enter Hepatitis A or undiagnosed hepatitis patients)

Year : 202\_

Quarter: (1 / 2 / 3 / 4 )

Hospital / Institute:.....

Ward /clinic/bood bank	Name of the patient with Hep B or C	National Identity Card No	Date of admission	Age (Ys)	Gender (M / F)	Address	Contact No.	Diagnosis (Hep B or C only)	Other Diseases

Name of the ICNO:..... Signature of the ICNO:..... Signature of the Director/MS:.....

\* Please maintain a register (CR book) for Hepatitis B & C patients at ICNOs office.  
 \* Please fill the above details for the quarter. If no patients, please send a **NIL return**.  
 Please send the filled format to Chief Epidemiologist, Epid Unit, 231, De Saram Place, Colombo 10  
 or email to [chepid@slt.net.lk](mailto:chepid@slt.net.lk)

Seal