Kansas Department of Health and Environment

Kansas Perinatal Hepatitis B Prevention Program

PEDIATRIC CARE REPORT FORM
PERINATAL HEPATITIS B PREVENTION

It is very important that **within the first 12 hours of birth**, this newborn receives one dose of **HBIG and the first dose of hepatitis B vaccine**. This infant will also need **two additional doses of hepatitis B vaccine to complete the series at approximately 1 month and 6 months of age.**

Following completion of the vaccination series, at age 9-18 months of age (generally the next well child visit), the child will need post vaccination serologic testing (PVST): HBsAg and anti-HBs. This testing is done to confirm the child did not contract hepatitis B and that the child is protected from contracting hepatitis B in the future.

Note: An infant who does not receive the vaccine may become infected with hepatitis B virus and develop severe complications.

Please complete the form with as much information as possible and FAX with infant's lab results to the Perinatal Hepatitis B Prevention Program at **1-877-427-7318**.

PATIENT NAME: _____

DATE OF BIRTH:_____/_____/ _____ Time:_____: ____ SEX: _____

RACE _____ ETHNICITY _____ PHONE: _____

ADDRESS: _____

INSURANCE (Please Circle): Private Medicaid Uninsured Other:_____

DELIVERY HOSPITAL: _____

HEPATITIS VACCINATION HISTORY (Please provide date given):

HBIG: Date:_____/_____/ _____ Time:_____: _____

HEP B DOSE 1: Date:_____/_____/ _____ Time:_____: _____

HEP B DOSE 2:_____/_____/ _____ HEP B DOSE 3:_____/_____/ _____

PVS Testing: Date_____/_____/ _____ **HBsAg:** ☐ Positive ☐ Negative

Anti-HBs: ☐ Positive ☐ Negative

Post Vaccination Serological Testing Codes

Laboratory	Hepatitis B Surface Antigen (HBsAg)	Hepatitis B surface antibody (anti-HBs, HBsAb)
AMS	5196-1	10900-9
KDHE	Perinatal – PVST (call 877-427-7317 for Approval)	
LabCorp	006510	006530
Mayo Medical Labs	9013	8254
Quest	498	8475
Via Christi and Wesley	HBSAG	HBSAB

For questions or more information please call (785) 296-5588.