

Perinatal Hepatitis B Prevention Program

In-State Case Transfer Form

This form is for case transfers within California.

Please include all labs, progress notes, and vaccination records with this transfer form.

		Name o	f County		
Name of Coordin	ator				
E-mail			Phone (_)	
			Fax ()	
Name of Mother			Name of Infant_		
Mother's Address	s/Contact inform	ation			
Date Transfer wa	ns Sent/Attempte	ed	_//		
Original Case ID	Number	mm	уу		
ceiving County Inf	ormation:		ne of County		
Name of Coordin	ator				
E-mail			Phone (_)	
			Fax ()	
Date transfer wa	s Received	/_	/		
New Case Transf		со	mm yy		

- respective records.
- For County of Origin Send completed form to Receiving County with all available information.
- For Receiving County Notify County of Origin of receipt. When submitting the case management form to CDPH, list County of Origin, Transfer Date, and previous ID in the appropriate fields.



Perinatal Hepatitis B Prevention Program

Out-of-State Case Transfer Form

This form is for case transfers out of California.

Please include all labs, progress notes, and vaccination records with this transfer form.

	Name of County
Name of Coordinator	
E-mail	Phone ()
	Fax ()
Name of Mother	Name of Infant
Date Transfer was Sent	//
California Case ID Number	co mm yy
e of Transfer Information: _	Name of State
Name of Coordinator	
E-mail	Phone ()
	Fax ()
Date transfer was received	/
Mother's Address/Contact inf	formation

Instructions:

- This form is for case transfers out of California.
- The County of Origin should keep a copy of this transfer form in their record.
- Send completed form to the state Perinatal Hepatitis B Prevention Program.