The Virginia Perinatal Hepatitis B Prevention (VPHBP) Program is updating the contact list of hospitals for reporting babies born to HBsAg positive mothers.

PLEASE COMPLETE THE INFORMATION BELOW AND FAX TO (804) 864-8089

| 1. | Hospital Name: |
|------|---|
| 2. | Contact Name and Title: (Individual to receive reports of pending deliveries) |
| 3. | Contact Address: |
| | (Phone:)(Fax:) E-Mail: |
| 7 | |
| | ently, the VPHBP Program notifies hospitals of pending deliveries by 30 days prior to estimated delivery date. |
| 4. | Would you prefer to receive these notifications (Mother's HBsAg positive la and Infant Information Form) by fax 30 days prior to delivery? (Yes) (No – please continue to mail) |
| 5. | Would you prefer to receive these notifications sooner? (Yes); (No) |
| 6. | If "yes", when would you like to receive these notifications? |
| | se remember to report ALL babies born to HBsAg positive mothers and ade copy of HBsAg positive lab result of mother (if necessary). |
| Rend | orts can be faxed to (804) 864-8089 |

For questions call VPHBP Program Manager: (804) 864-8055; 1-800-568-1929