

## Viral Hepatitis Resource Information Update Form

Please help us make this resource directory more comprehensive by completing this form. E-mail completed form to MDHHS-Hepatitis@michigan.gov. Thank you.

### 1. Contact Information

Completion Date (ex. 04/26/2018)

Name of Agency:

Name of Person Completing Form:

E-mail Address of Person Completing Form:

Phone Number (ex. 321-654-0987):

### 2. Select Update Type

Add New Resource

Edit Current Resource

Remove Resource

Other Update

### Describe Available Viral Hepatitis Service

### 3. Viral Hepatitis Immunization Services

Location: (Agency Name & Address)

Days and Time: ( ex. Tuesdays, 1 pm to 4 pm)

Website: (If Applicable)

Description of Service: (ex. Hepatitis A Vaccine)

#### 4. Viral Hepatitis Testing Services

Location: (Agency Name & Address)

Days and Time: (ex. Tuesday, 1 pm to 4 pm)

Website: (If Applicable)

Description of Service (ex. Hepatitis C Antibody test):

#### 5. Viral Hepatitis Care Services

Location: (Agency Name & Address)

Days and Time: (ex. Tuesday, 1 pm to 4 pm)

Website: (If Applicable)

Description of Service: (ex. FibroSure)

#### 6. Viral Hepatitis Treatment Services

Location: (Agency Name & Address)

Days and Time: (ex. Tuesday, 1 pm to 4 pm)

Website: (If Applicable)

Description of Service: