New pharmaceuticals have induced a therapeutic revolution for Hepatitis C virus (HCV) infections, promising to cure this intractable liver disease in over 90% of cases. With the purported solution to HCV looming large, “finding the missing millions” (WHA 2018) of unknowingly infected individuals has become a leading premise for global public health. To this end, HCV testing is taking center-stage as biotech companies vie for top spot of recommended diagnostic test. Against this backdrop, I leverage ethnographic engagements in Austria alongside STS and anthropological insights into the enactment of bodies, health, and diagnoses (Mol 2002; Mol, Moser & Pols 2010; Yates-Doerr 2017) to explore the mundane practices of HCV diagnostic testing. By juxtaposing testing drives in which I participated, I will make visible the ethics of curing and caring for Hepatitis C as they become articulated in diagnostic testing. I will attend to instructive slippages between varying forms and registers of how “good diagnostics” are enacted and perceived. I discuss how rather haphazard screening efforts might overflow into producing novel spaces for exchange-as-care and making people matter as more-than-viral hosts, while high-impact and high-accuracy testing might leave important gaps at critical points in the so-called “cascade of care.” Ultimately, these forms of “good diagnostics” depend on one another while their results (intended or not) vary. Taken together, they open up hitherto unasked questions about the value(s) of diagnostic processes, the value(s) of care and the meaning of “good health” in the case of Hepatitis C. I finish by also reflecting on the role of the ethnographic researcher as an interested body and as critically implicated in the care worlds to which we bear witness.