

Appendix II (b): WNV Human Case Notification Fax to CBS

WEST NILE VIRUS HUMAN CASE NOTIFICATION FAX (To Canadian Blood Services - Version August 22, 2005)

Instructions: Please call the contact from your local CBS Centres in Ontario (list below) and then send this fax sheet.

Hamilton	Blood Product Management 24 hr: Kelly Easter: 905-645-6558	Fax: 905-540-5800
London	Jonni-Lyn Van Deursen: 519-690-3926	Fax: 519-690-3950
Toronto	Blood Product Management 24 hr: 416-313-4690	Fax: 416-974-9424
Ottawa (& Sudbury)	Blood Product Management 24 hr: 613-560-7212	Fax: 613-560-7199

PATIENT INFORMATION:

Last Name: _____	First Name: _____
Middle Name: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth ____/____/____ (dd/mmm/yyyy)	
Date of First Symptoms ____/____/____ (dd/mmm/yyyy)	

To: _____	Date: _____
Phone: _____	Fax: _____
From: _____	
Phone: _____	After-Hours: _____
Fax: _____	Health Unit: _____

DONATION/RECEIPT INFORMATION:

Case is a Blood Donor <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Date of Previous Blood Donation ____/____/____ (dd/mmm/yyyy)
Location of Previous Blood Donation _____

Case is a Blood Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Date of Previous Blood Transfusion ____/____/____ (dd/mmm/yyyy)
Location of Previous Blood Transfusion _____

Other (please specify) _____
