Appendix I (b)
Health Unit Notification to Central Public Health Lab

Ministry of Health and Long-Term Care / Ministère de la Santé et des Soins de longue durée — Ontario

FAX: FROM HEALTH UNITS TO CPHL
Version April 6, 2006

TO:	Jo-Ann / Pasqua	**DATE:**	
ORGANIZATION:	West Nile Virus / SARS Lab - MOHLTC – Laboratories Branch		
FAX #:	416-235-6188	**PHONE #:**	416-235-6092 416-235-6071

FROM:					
ORGANIZATION/DEPT.:					
ADDRESS:					
PAGES:	1	**PHONE #**		**FAX #:**	

CONFIDENTIAL		**AS REQUESTED**		**PER CONVERSATION**	
URGENT		**FYI**		**PER E-MAIL NOTE**	

REQUEST FOR INFORMATION on West Nile virus (WNV):

As per the preceding phone call informing you of this fax, the following individual

is not a resident of this health unit, and has been forwarded to:
Health Unit _____ Contact _____

is a suspect case - request ELISA test results

has a travel history - request confirmation by PRNT

other (please specify): _____
_____

Name: Test Result:
DOB:
Health card No:
Name of referring physician:

Please return results to sender when available.

Confidentiality Notice: *The contents of the document(s) accompanying this facsimile transmission are confidential and intended only for the use of the individual(s) named above. If you have received this information in error, please notify me immediately by telephone at the above number*