

## Appendix I (c) Health Unit Notification to Canadian Blood Services

### WEST NILE VIRUS HUMAN CASE NOTIFICATION FAX TO CANADIAN BLOOD SERVICES

Version: March 30, 2006

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

**Hamilton:** Blood Product Management 24/7: 905-645-6558 Fax: 905-540-5800  
**London:** Jonni-Lyn Van Deursen: 519-690-3926 Fax: 519-690-3960  
**Toronto:** Blood Product Management 24/7: 416-313-4690 Fax: 416-974-9424  
**Ottawa (and North East):** Blood Product Management 24/7: 613-560-7212 Fax: 613-560-7199

To: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 From: \_\_\_\_\_  
 Phone: \_\_\_\_\_ After-Hours: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Health Unit: \_\_\_\_\_

<b>PATIENT INFORMATION:</b>	
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)	

<b>DONATION/RECEIPT INFORMATION:</b>
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) _____

