

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: _____

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)	

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) _____	



Canadian Blood Services
Soci t  canadienne du sang