

In accordance with Section 10 of *The Disease Control Regulations* the following form should be used to communicate with Canadian Blood Services (CBS).

The table below outlines if reporting to CBS is required depending on the history of donation or receipt and the timing of the donation or receipt relative to the positive lab report being received at public health.

Disease	Hepatitis B	Hepatitis C	HIV	CJV/vCJD
Report to CBS if history of <u>Donation</u>	Yes	Yes	Yes	Yes
Time since donation of blood or blood product	Donation since 1975	Donation since 1975	Donation since 1975	Donation in the past 1 year
Report to CBS if history of <u>Receipt</u>	Yes – if no other risk factors for acquiring disease	Yes – if no other risk factors for acquiring disease	Yes – if no other risk factors for acquiring disease	Yes – only for vCJD
Time since receipt of blood or blood product	Receipt since 1975	Receipt since 1975	Receipt since 1975	Receipt since 1975

Designated Transfusion Transmissible Infections

Disease	HTLV I/II	Syphilis	Malaria	West Nile Virus
Report to CBS if history of <u>Donation</u>	Yes	Yes	Yes	Yes
Time since donation of blood or blood product	Donation since 1975	Donation since 1975	Donation since 1975	Donation in the past 14 days
Report to CBS if history of <u>Receipt</u>	Yes	No	Yes – if no other risk factors for acquiring disease	Yes
Time since receipt of blood or blood product	Receipt since 1975	N/A	Receipt since 1975	Receipt in the past 56 days (8 weeks)

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Date of report to Canadian Blood Services (CBS): _____
yyyy/mm/dd

TO: Medical Director, Canadian Blood Services
Fax: 1-844-836-6843

Re: _____ DOB: _____ Phone (H): _____
surname given name initial yyyy/mm/dd

_____ (W): _____
address city/town Prov. Postal Code

Current attending Physician: _____ SK Health Card # _____

This is to advise that on _____ the above person had serology ordered by _____
yyyy/mm/dd name of physician ordering test

The lab result indicates the following reportable disease(s):

- Hepatitis B HTLV I/II CJD/vCJD
- Hepatitis C Syphilis Malaria
- HIV West Nile virus

Indicate the test name and result for the disease that is being reported.

Previously positive test _____
mm/yyyy

Test	Result	Reported Date

The client has reported the following information to the public health nurse:

- History of receiving blood transfusion/blood product in or after 1975 (*within 28 days for WNV only)

_____ on approximately _____
name of hospital and city yyyy/mm/dd

_____ on approximately _____
name of hospital and city yyyy/mm/dd

_____ on approximately _____
name of hospital and city yyyy/mm/dd

- History of blood donation(s) in or after 1975 (*within 14 days for WNV only)

_____ on approximately _____
name of city yyyy/mm/dd

_____ on approximately _____
name of city yyyy/mm/dd

_____ on approximately _____
name of city yyyy/mm/dd

* For West Nile Virus infection:

- Onset of symptoms/+ test result within 4 weeks of transfusion will determine whether or not an investigation will be initiated.
- Onset of symptoms/+ test result within 2 weeks of donation will determine whether or not product(s) will be recalled.

Note: If transfusion or donation occurred in another country the name of the blood agency involved should be included.