In accordance with Section 10.2 of *The Disease Control Regulations, 2014* the following form should be used to communicate with Saskatchewan Transplant Program Medical Director by calling 306-655-5054.

The table below outlines if reporting to the Saskatchewan Transplant Program (STP) 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.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Hepatitis B</th>
<th>Hepatitis C</th>
<th>HIV</th>
<th>CJV/vCJD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Report to STP if history of Donation</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Time since donation of tissue</strong></td>
<td>Donation since 1975</td>
<td>Donation since 1975</td>
<td>Donation since 1975</td>
<td>Donation in the past 1 year</td>
</tr>
<tr>
<td><strong>Report to STP if history of Receipt</strong></td>
<td>Yes – if no other risk factors for acquiring disease</td>
<td>Yes – if no other risk factors for acquiring disease</td>
<td>Yes – if no other risk factors for acquiring disease</td>
<td>Yes – only for vCJD</td>
</tr>
<tr>
<td><strong>Time since receipt of tissue</strong></td>
<td>Receipt since 1975</td>
<td>Receipt since 1975</td>
<td>Receipt since 1975</td>
<td>Receipt since 1975</td>
</tr>
</tbody>
</table>

**Designated Transfusion Transmissible Infections**

<table>
<thead>
<tr>
<th>Disease</th>
<th>HTLV I/II</th>
<th>Syphilis</th>
<th>Malaria</th>
<th>West Nile Virus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Report to STP if history of Donation</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Time since donation of tissue</strong></td>
<td>Donation since 1975</td>
<td>Donation since 1975</td>
<td>Donation since 1975</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Report to STP if history of Receipt</strong></td>
<td>Yes</td>
<td>No</td>
<td>Yes – if no other risk factors for acquiring disease</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Time since receipt of tissue</strong></td>
<td>Receipt since 1975</td>
<td>N/A</td>
<td>Receipt since 1975</td>
<td>Receipt in the past 56 days (8 weeks)</td>
</tr>
</tbody>
</table>
CONFIDENTIAL

Date of report to Saskatchewan Transplant Program: __________ yyyy/mm/dd

TO: Medical Director, Saskatchewan Transplant Program
1702 20th St W
Saskatoon, SK S7M 0Z9
Phone: 306-655-5054 Fax: 306-655-5946

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

Current attending Physician: SK Health Card # __________

This is to advise that on yyyy/mm/dd the above person had serology ordered by __________

The lab result indicates the following reportable disease(s):
- [ ] Hepatitis B
- [ ] HTLV I/II
- [ ] CJD/vCJD
- [ ] Hepatitis C
- [ ] Syphilis
- [ ] Malaria
- [ ] HIV
- [ ] West Nile virus

Previously positive test __________ mm/yyyy

<table>
<thead>
<tr>
<th>Test Name of Disease Reported</th>
<th>Result</th>
<th>Reported Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- The client reported history of receiving a tissue (indicate below) in or after 1975 (*within 8 weeks for WNV only)
  - [ ] Bone
  - [ ] Tendon
  - [ ] Heart Valve
  - [ ] Skin
  - [ ] Cornea
  - [ ] Sclera

  on approximately yyyy/mm/dd

  on approximately yyyy/mm/dd

  on approximately yyyy/mm/dd

- The client reported history of tissue donation in or after 1975 (*not required for WNV only)

  on approximately yyyy/mm/dd

  on approximately yyyy/mm/dd

  on approximately yyyy/mm/dd

* For West Nile Virus infection:
  - Onset of symptoms or positive test result within 8 weeks of transplant will determine whether or not an investigation will be initiated.
  - Notification to the Saskatchewan Transplant Program is not required in instances of history of tissue donation.

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

January 2015  Medical Health Office or designate