

# Appendix M

## Notification to Saskatchewan Transplant Program

Date Reviewed: January, 2015

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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.

Disease	Hepatitis B	Hepatitis C	HIV	CJV/vCJD
<b>Report to STP if history of Donation</b>	Yes	Yes	Yes	Yes
<b>Time since donation of tissue</b>	Donation since 1975	Donation since 1975	Donation since 1975	Donation in the past 1 year
<b>Report to STP if history of Receipt</b>	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
<b>Time since receipt of tissue</b>	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
<b>Report to STP if history of Donation</b>	Yes	Yes	Yes	No
<b>Time since donation of tissue</b>	Donation since 1975	Donation since 1975	Donation since 1975	N/A
<b>Report to STP if history of Receipt</b>	Yes	No	Yes – if no other risk factors for acquiring disease	Yes
<b>Time since receipt of tissue</b>	Receipt since 1975	N/A	Receipt since 1975	Receipt in the past 56 days (8 weeks)

**CONFIDENTIAL**

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

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

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):

- |                                      |  |                                   |
|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> HTLV I/II       | <input type="checkbox"/> CJD/vCJD |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Syphilis        | <input type="checkbox"/> Malaria  |
| <input type="checkbox"/> HIV         | <input type="checkbox"/> West Nile virus |                                   |

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

Previously positive test \_\_\_\_\_  
mm/yyyy

Test Name of Disease Reported	Result	Reported Date

- 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 \_\_\_\_\_  
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

- The client reported history of tissue donation in or after 1975 (\*not required 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 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.