



Date:

RE: CONFIDENTIAL Request for Information on Previously Reported Case

REQUEST:

Please determine if the client and disease(s) indicated below have been previously reported in the following province(s) or territories.

Name:	Date of Birth:
SK Health Services Number:	Out-of-Province HSN:

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Alberta | <input type="checkbox"/> British Columbia | <input type="checkbox"/> Manitoba |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Northwest Territories | <input type="checkbox"/> New Brunswick |
| <input type="checkbox"/> Nunavut | <input type="checkbox"/> Quebec | <input type="checkbox"/> Prince Edward Island | <input type="checkbox"/> Yukon |
| <input type="checkbox"/> Newfoundland & Labrador | | | |

RESPONSE:

Has this client been previously reported in your province/territory? ☐ Yes ☐ No

If yes, please complete the following table.

To be completed by SK Jurisdiction		To be completed by Out-of-Province Jurisdiction	
Select	Disease	Where Reported	Date Reported
<input type="checkbox"/>	Hepatitis B		
<input type="checkbox"/>	Hepatitis C		
<input type="checkbox"/>	HIV		
<input type="checkbox"/>	Syphilis Include relevant history such as, lab results, staging, treatment, and exposure details.		
Additional notes:		Additional notes:	

Send response to SK Ministry of Health

Confidential fax to 306-787-9576 or E-mail with password protected PDF to cdc@health.gov.sk.ca

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