



Please complete **all** sections.

Panorama QA complete: ☐Yes	□No	Flease complete an s
Initials		

Panorama Client ID:	
Panorama Investigation ID:	

A) CLIENT INFORMATION			LHN -> SUBJE	CT -> CLIEN	T DETAILS -> PERSO	NAL INFORMATION
Last Name:		First Name: and Middle Name:		Alternate Name (Goes by):		
DOB: YYYY / MM / DD Age: Phone #: Primary Home:		Health Card Province: Health Card Number (PHN):	i.e. home		erred Communication Method: (specify - nome phone, text): il Address: Work Personal	
Place of Employment/School:		Gender: □ Male	□ Female		Other	□ Unknown
Alternate Contact: Relationship: Alt. Contact phone:		Address Type: No fixed Postal Address Mailing (Postal address): Street Address or FN Communit Address at time of infection if no	ity (Primary Hon	me):		
Disease Summary Classification:	Date	Classification: CONTACT	Date		LAB TEST INFORM Date specimen colo	IATION:
□ Confirmed	YYYY / MM / DD	□ Contact	YYYY / MM	/ DD	YYYY / MM / DD	
□ Does Not Meet Case	YYYY / MM / DD	□ Not a Contact	YYYY / MM	/ DD	Specimen type:	
☐ Person Under Investigation	YYYY / MM / DD	□ Person Under Investigation	YYYY / MM	/ DD	□ Blood □ Urine	
□ Probable	YYYY / MM / DD				□ Stool	
Disposition: FOLLOW UP: ☐ In progress ☐ Incomplete - Declined ☐ Incomplete - Lost contact ☐ Incomplete - Unable to locate REPORTING NOTIFICATION	YYYY / MM / DD YYYY / MM / DD YYYY / MM / DD YYYY / MM / DD	☐ Complete ☐ Not required ☐ Referred – Ou (specify where) ☐ Location:		YYYY / N	MM / DD MM / DD MM / DD	
Name of Attending Physician or Nu	ırse:					
Physician/Nurse Phone number:		Date Received	d (Public Health	ı): YYYY /	/ MM / DD	
Type of Reporting Source: ☐ Hea	alth Care Facility □L	ab Report	ioner □Phy	ysician	□ Other	

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C) SIGNS & SYMPTOMS (Bold text = part			1			TIGATION->SIGNS & SYMPTOM
Description	No	Yes – Date of onset	Description	l	No	Yes - Date of onset
Abortion - spontaneous (miscarriage)		YYYY / MM / DD	Lab - platel	et count low		YYYY / MM / DD
Coryza or rhinitis		YYYY / MM / DD	Lethargy (fa	atigue, drowsiness, weakness, etc)		YYYY / MM / DD
Cough		YYYY / MM / DD	Meningitis -	- aseptic		YYYY / MM / DD
Encephalitis		YYYY / MM / DD	Orchitis (inf	flamed testicle)		YYYY / MM / DD
Hearing loss		YYYY / MM / DD	Pain - saliva	ary glands		YYYY / MM / DD
Infection - upper respiratory tract		YYYY / MM / DD	Parotid gla	nd - inflammation (parotitis)		YYYY / MM / DD
Other S/S						
) INCUBATION AND COMMUNICABILIT	Υ			LHN-> INVESTIGATIO	N->INC	UBATION & COMMUNICABILIT
Incubation for Case (period for acquisitic Earliest Possible Exposure Date: YYYY / Exposure Calculation details: Communicability for Case (period for tra Earliest Possible Communicability Date:	MM /	ion):		Latest Possible Exposure Date: Latest Possible Communicability		
Communicability Calculation Details:		. , ,			,	,,
RISK FACTORS						LHN-> SUBJECT->RISK FACTOR
DESCRIPTION		Start date	N, NA,	Add'l Info		
Contact - At risk population (internationa or immigrants)	ıl travel	Yes lers YYYY / MM/DD	U			
Contact to a known case (Add'l Info)		YYYY / MM/DD				
Immunocompromised - Related to under disease or treatment	rlying					
Occupation - Health Care Worker - IOM F	Risk Fac	tor TE				
Risk Behaviour - Sharing personal items (water bottles)	cigaret	tes, TE				
Special Population - Attends childcare		TE				
Special Population - Attends school		TE				
Special Population - Lives in a communal	setting	TE				
Special Population - Post secondary educinstitution	cation	TE				
Special Population - Pregnancy						
Travel - Outside of Canada (Add'l Info)		YYYY / MM/DD AE				
Travel - Outside of Saskatchewan, but wi Canada (Add'l Info)	thin	YYYY / MM/DD AE				
) IMMUNIZATION HISTORY INTERPRET	ATION	SUMMARY	LHN ->	INVESTIGATION-> IMMUNIZATION	HISTO	RY INTERPRETATION SUMMAR
Interpretation Date: YYYY /	MM /	DD				
Interpretation of Disease Immunity:	□ Dise	ease Case - Fully immu	ınized (for age)	☐ Disease Case - Partiall	y immu	nized
□ Disease Case – Unimmunized	□ Dise	ease Case - Unclear im	munization his	tory Valid doses received:	D	oses needed:
Reason: ☐ Previous disease ☐ Interpretation of history by investigate	or	☐ Previous res	ponder/Previo	us history of immunity	□ Dat	e Of Birth

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Please complete all sections.

Panorama Client ID:	
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G) INTERVENTION			LHI	N -> INVESTIGATION->T	TREATMENT & INTERV	/ENTIONS->INTERVENT	ION SUMMAR
Intervention Type a	and Sub Type:						
Assessment:		· 		Exclusion: Investigation			
☐ Assessed for conf	tacts		YYYY / MM / DD	□ Work YYYY / N		☐ Preschool YYYY	
Investigator name				☐ School YYYY / N	MM / DD	☐ Daycare YYYY	/ MM / DD
Other Investigation				Immunization:	Investigator name		
☐ Investigator Note			YYYY / MM / DD	☐ Eligible Immuniza		YYYY / N	
☐ See document m	anagement		YYYY / MM / DD	☐ Disease-specific i	immunization recomm		
					mmunization given	YYYY / N	טט / וווו
Communication:	cation (see Investigator	r Notas)	YYYY / MM / DD	Isolation:	YYYY / MM / DD	Investigator name	
Investigator name	ation (see investigate)	1 Notes,	TITT / WHYT / DD	☐ Home isolation	, ,	Investigator name	
0	ment Management)		YYYY / MM / DD				
Investigator name							
General: Investigate				Quarantine:			
☐ Disease-Info/Pre			YYYY/ MM / DD	☐ Quarantine Investigator name	YYYY / MM / DD		
· · · · · · · · · · · · · · · · · · ·	v-Cont/Assess'd for Co		YYYY/ MM / DD	_			
Education/counselli	•	ator name		Testing:	1 1 2000/ / /		
☐ Prevention/Conta			YYYY / MM / DD YYYY / MM / DD	☐ Lab testing recom	nmended YYYY / I	MM / DD	
Date Disease informat	Intervention	Comm		liivestigatoi name		Next follow-up	Initials
Date	subtype		ents			Date	IIIIGGS
YYYY / MM / DD						YYYY / MM / DD	
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YYYY / MM / DD						YYYY / MM / DD	<u> </u>
H) OUTCOMES						LHN-> INVESTIGATIO	N-> OUTCOME
□ Not vet recovere	d/recovering YYYY /	MM / DI	□ ICU/intensive	medical care YYYY / I	MM / DD □ Hosi	pitalization YYYY / MN	M / DD
□ Recovered	=	MM / DD			•	nown YYYY / MI	
□ Fatal		MM / DD		YYYY / N	•	10Wii,	11 / 00
	,	141141 / ==		,	VIIVI / DD		
Cause of Death: (if Fa	atal was selected)						

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Please complete all sections.

Panorama Client ID:	
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xposure Name:				
equisition Start Y	YYY / MM / DD to Acq	uisition End: YYYY / MM / DD		
etting Type -			_	_
] Travel	Health care setting	Public facilities Precreat	tional facilities	☐ Most likely source
Transmission I	Events	LHN -> INVESTIGATION-> EXPOSURE SUMMARY ->	TRANSMISSION EVENT S	UMMARY -> QUICK EN
Transmission Event ID	Exposure Name	Setting type (Consider the following settings for TE; if >1 select "multiple settings" in Panorama)	Date/Time	# of contacts
		□ Congregate/Communal living □ Health Care setting	YYYY / MM / DD	
		☐ Type of community contact ☐ Household Exposure	to	
		☐ Public facilities	MM / DD	
		☐ Congregate/Communal living ☐ Health Care setting	YYYY / MM / DD YYYY / MM / DD	
		□ Type of community contact □ Household Exposure	to	
		☐ Public facilities		
		☐ Congregate/Communal living ☐ Health Care setting	YYYY / MM / DD YYYY / MM / DD	
		☐ Type of community contact ☐ Household Exposure	to	
		□ Public facilities		
		☐ Congregate/Communal living ☐ Health Care setting	YYYY / MM / DD YYYY / MM / DD	
		☐ Type of community contact ☐ Household Exposure	to	
		□ Public facilities□	YYYY / MM / DD	
		□Congregate/Communal living □Health Care setting	YYYY / MM / DD	
		☐ Type of community contact ☐ Household Exposure	to	
		□ Public facilities□	YYYY / MM / DD	
		□Congregate/Communal living □Health Care setting	YYYY / MM / DD	
		☐ Type of community contact ☐ Household Exposure	to	
		□ Public facilities□	YYYY / MM / DD	
		☐ Multiple Settings	YYYY / MM / DD	
	Mumps Contacts – Inv ID#		to	
			YYYY / MM / DD	
TOTAL NUMBER		URE SUMMARY -> TRANSMISSION EVENT SUMMARY -> TE H		/ANONYMACUS CONT.
Liniv	-> INVESTIGATION-> EAFOS	UKE SUIVIIVIAKY -> I KANSIVIISSION EVEIVI SUIVIIVIAKI -> I L I	TYPERLINK -> UNKNOVVIN	ANONTIVIOUS CONT.
Anonymous contac	cts: (total number o	f individuals [including groups that 1:1 follow-up is not requir	red or is not feasible])	

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