MHSU 4487: STBBI CASE REPORT FORM FOR POINT OF CARE/RAPID TESTING

To be completed by a health care provider for all individuals who have a reactive point of care/rapid test result for human immunodeficiency virus (HIV), syphilis, or hepatitis C, but have not had confirmatory laboratory-based testing concurrent with or following the rapid test. Self-test results should not be reported, but are recommended to be confirmed by laboratory-based testing.

CASE IDENTIFICATION

*LAST NAME	*FIRST NAME	*DATE OF BIRTH YYYY - MM - DD
ALTERNATE LAST NAME	ALTERNATE FIRST NAME	

*SEX ○ FEMALE ○ MALE ○ INTERSEX ○ UNKNOWN	*GENDER IDENTITY (VOLUNTARY, SELF-REPORTED) ○ CISGENDER (SAME AS SEX AT BIRTH) ○ TRANSGENDER MAN ○ DECLINED ○ TRANSGENDER WOMAN ○ TRANSGENDER PERSON ○ OTHER (SPECIFY IN BOX 8)	*IF OTHER GENDER IDENTITY, SPECIFY

*REGISTRATION NUMBER (FORMER MHSC) 6 DIGITS (UPPERCASE ALPHANUMERIC)	*HEALTH NUMBER (PHIN) 9 DIGITS	ALTERNATE ID SPECIFY TYPE OF ID
*ADDRESS AT TIME OF DIAGNOSIS ➔ ☐ ADDRESS IN FIRST NATION COMMUNITY		*CITY/TOWN/VILLAGE
*PROVINCE/TERRITORY	*POSTAL CODE A#A #A#	*PHONE NUMBER ### - ### - ####

TYPE OF POINT OF CARE TEST AND RESULT

TYPE OF TEST AND MANUFACTURER	TEST RESULT(S)	TEST & RESULT DATE
INSTI HIV-1/HIV-2 ANTIBODY TEST	○ REACTIVE FOR HIV	YYYY/MM/DD
INSTI MULTIPLEX HIV-1 / HIV-2 / SYPHILIS ANTIBODY TEST	○ REACTIVE FOR HIV ○ REACTIVE FOR SYPHILIS	YYYY/MM/DD
OTHER TEST (SPECIFY)		YYYY/MM/DD

PATIENT IS INFORMED OF TEST RESULT	○ YES ○ NO ○ UNKNOWN

REPORTER INFORMATION

FORM COMPLETED BY (PRINT NAME)	FORM COMPLETION DATE YYYY/MM/DD
FACILITY NAME/ADDRESS/PHONE#	

* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.

PLEASE SUBMIT THIS FORM BY SECURED FAX OR COURIER TO THE MANITOBA HEALTH SURVEILLANCE UNIT. 4050 – 300 CARLTON ST. WINNIPEG, MB | CONFIDENTIAL FAX 204-948-3044

AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES IS (204) 788-8666.

THIS FORM IS AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT:
HTTP://WWW.GOV.MB.CA/HEALTH/PUBLICHEALTH/SURVEILLANCE/FORMS.HTML

SEPTEMBER 2023