

Public Health Ontario Laboratory 661 University Avenue, Suite 1701 Toronto, ON M5G 1M1 www.publichealthontario.ca

## H6; Ybchmd]b[FYei Ygh: cfa

| Submitter Information   |                      |                              |
|---|----------------------|------------------------------|
| Health Unit/Institution   |                      |                              |
|   |                      |                              |
| Address   | City                 | Postal Code                  |
|   |                      |                              |
| Contact Person  | Phone                | Fax                          |
|   |                      |                              |
|   |                      |                              |
| Email   |                      |                              |
|   |                      |                              |
| Sugnast Cluster: Defient Information                                    |                      |                              |
| Suspect Cluster: Patient Information                                    | DB (yyyy-mm-dd) HIN# | Diagnosis Date (yyyy-mm-dd)  |
| 1.  |                      |                              |
|   |                      |                              |
| PHL# iPHIS# Reason for suspected match: Specify:                        |                      |                              |
| Family Workplace Known Contact Other                                    |                      |                              |
| Match against: Specify:   |                      |                              |
| Entire database Homeless cluster Patient 2 Patient 3 Other              |                      |                              |
|   |                      |                              |
| Last Name First Name De   | DB (yyyy-mm-dd) HIN# | Diagnosis Date (yyyy-mm-dd)  |
| 2.  |                      |                              |
| PHL# iPHIS# Reason for suspected match:                                 |                      | Specify:                     |
| Family Workplace Known Contact Other                                    |                      |                              |
| Match against: Specify:   |                      |                              |
| Entire database Homeless cluster Patient 1 Patient 3 Other              |                      |                              |
|   |                      |                              |
| Last Name First Name D  | OB (yyyy-mm-dd) HIN# | Diagnopia Data (Jawa) mm dd) |
| 3.  |                      | Diagnosis Date (yyyy-mm-dd)  |
|   |                      |                              |
| PHL#   iPHIS#   Reason for suspected match:   Specify:                  |                      |                              |
| Family Workplace Known Contact Other                                    |                      |                              |
| Match against:  |                      | Specify:                     |
| Entire database Homeless cluster Patient 1 Patient 2 Other              |                      |                              |
|   |                      |                              |
| Additional Information  |                      |                              |
| Additional Comments:  |                      |                              |
|   |                      |                              |
|   |                      |                              |
|   |                      |                              |
| Please fill in this form electronically, print, and then fax to the PHL |                      |                              |
| Please fill in this form electronica                                    | lly, print, and then | tax to the PHL               |

Toronto TB and Mycobacteriology laboratory at 416-235-6013

For any questions please contact the TB laboratory at 647-792-3345.

The personal health information is collected under the authority of the *Personal Health Information Protection Act*, 2004, s.36 (1)(c)(iii) for the purposes specified in the *Ontario Agency for Health Protection and Promotion Act*, 2007, s.1 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-TB-105 version 004.1 (August 2024).

