Public Health Ontario | Santé publique Ontario

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Submitter Information

Health Unit/Institution		
Address	City	Postal Code
Contact Person	Phone	Fax
Email		

Suspect Cluster: Patient Information

	Last Name	First Name	DOB (yyyy-mm-dd)	HIN#	Diagnosis Date (yyyy-mm-dd)
1.					

PHL# | iPHIS# | Reason for suspected match: ☐Family ☐Workplace ☐Known Contact ☐Other Specify:

Match against: ☐Entire database ☐Homeless cluster ☐Patient 2 ☐Patient 3 ☐Other Specify:

	Last Name	First Name	DOB (yyyy-mm-dd)	HIN#	Diagnosis Date (yyyy-mm-dd)
2.					

PHL# | iPHIS# | Reason for suspected match: ☐Family ☐Workplace ☐Known Contact ☐Other Specify:

Match against: ☐Entire database ☐Homeless cluster ☐Patient 1 ☐Patient 3 ☐Other Specify:

	Last Name	First Name	DOB (yyyy-mm-dd)	HIN#	Diagnosis Date (yyyy-mm-dd)
3.					

PHL# | iPHIS# | Reason for suspected match: ☐Family ☐Workplace ☐Known Contact ☐Other Specify:

Match against: ☐Entire database ☐Homeless cluster ☐Patient 1 ☐Patient 2 ☐Other Specify:

Additional Information

Additional Comments:

Please fill in this form electronically, print, and then fax to the PHL Toronto TB and Mycobacteriology laboratory at 416-235-6013

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