



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

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

Submitter Information Health Unit/Institution						
Address				City		Postal Code
Contact Person				Phone		Fax
Email						
Suspect Clu	ıster: Patie	nt Informa	tion			
Last Name		First Name		DOB (yyyy-mm-dd)	HIN#	Diagnosis Date (yyyy-mm-dd)
1.						
PHL#	iPHIS#	Reason for sus	pected match			Specify:
		Family	Workpl	ace	Contact	☐ Other
Match against: Specify:						
□ Entire database □ Homeless cluster □ Patient 2 □ Patient 3 □ Other						
Last Name		First Name		DOB (yyyy-mm-dd)	HIN#	Diagnosis Date (yyyy-mm-dd)
2.		Thotrame		DOD (yyyy mim dd)	1111477	Biagnosis Bate (yyyy min ad)
PHL#	iPHIS# I	<u> </u> Reason for sus <sub> </sub>	pected match	<u> </u>		Specify:
		Family	□Workpl	ace	Contact	□Other
Match against: Specify:						
☐ Entire database ☐ Homeless cluster ☐ Patient 1 ☐ Patient 3 ☐ Other						
T		T =				
Last Name 3.		First Name		DOB (yyyy-mm-dd)	HIN#	Diagnosis Date (yyyy-mm-dd)
PHL#	iPHIS# I	Reason for sus	nected match	•		Specify:
1 1 1 L#	11 1110#	∏Family	workpl ∐		Contact	☐Other
Match against:	'					Specify:
□ Entire database □ Homeless cluster □ Patient 1 □ Patient 2 □ Other						
Additional Information						
Additional Comments:						
Diago fill in this forms electronically, point, and then for to the DIII						

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.

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.

