## Communicable Disease Control Unit Public Health Branch, Manitoba Health

4th Floor – 300 Carlton Street Winnipeg, MB R3B 3M9 Phone: (204) 788-6737 Fax: (204) 948-2040

## BLASTOMYCOSIS LABORATORY-BASED SURVEILLANCE

PATIENT NAME:	(SURNAME)			(GIVEN NAME	1
MAILING ADDRESS:	(OOTWANIE)			(OIVEIVIVIIIE)	
CITY/MUNICIPALITY/T	OWN/VILLAGE:				
POSTAL CODE (where	e available):		PHONE NO:	( )	
DATE OF BIRTH:	/ / (YYYY/MM/DD)		GENDER:	MALE (CIRCLE C	
PHIN #:			MHSC #:		
HOSPITAL:			CHART NUM	BER:	
LAB SPECIMEN NO:			LAB REQ. NO	D:	
FAMILY DOCTOR:			PHONE NO:	( )	
GE	RECT SMEAR NOMIC	Cl	JLTURE EROLOGY	HISTOPA	ATHOLOGY
IF OTHER, SPECIFY:					
SITE/SPECIMEN: (check all that apply)	SPUTUM OTHER	_LUNG	RESP	SKIN	BONE

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## REPORT OF BLASTOMYCOSIS LABORATORY-BASED SURVEILLANCE

DATE OF POSITIVE LAB RESULT: / / / / / / / / / / / / / / / / / / /		
PRIVATE AND CONFIDENTIAL FAX: (204) 948-3044 ATTN: LYNDA GRAHAM  Contact Person:  Phone Number:  ( ) / ( //////////////////////////////	DATE PATIENT WAS FIRST SICK: (YYYY/MM/DD)	
PRIVATE AND CONFIDENTIAL FAX: (204) 948-3044 ATTN: LYNDA GRAHAM  Contact Person:  Phone Number:  ( )  POSSIBLE GEOGRAPHIC SITE(S) OF EXPOSURE: NW ONTMBUSAOTHER  OTHER  PRIVATE AND CONFIDENTIAL FAX: (204) 948-3044 ATTN: LYNDA GRAHAM  Contact Person:  Phone Number:  ( )  Date Faxed:  (YYYYMMDD)	DATE OF POSITIVE LAB RESULT: (YYYY/MM/DD)	1 1
NW ONTMBUSAOTHER  SPECIFY LOCATION:  ADDITIONAL INFORMATION:  PRIVATE AND CONFIDENTIAL FAX: (204) 948-3044 ATTN: LYNDA GRAHAM  Contact Person: Facility:  Phone Number: ( ) Date Faxed: / / / (YYYYMMDD)	DATE INFORMATION COMPLETED: (YYYY/MM/DD)	
ADDITIONAL INFORMATION:  PRIVATE AND CONFIDENTIAL FAX: (204) 948-3044 ATTN: LYNDA GRAHAM  Contact Person: Facility:  Phone Number: ( )  Date Faxed: ( / / (YYYYMMDD)	POSSIBLE GEOGRAPHIC SITE(S) OF EXPOSU	URE:
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(YYYY/MM/DD)	Contact Person:	Facility:
	Phone Number: ( )	Date Faxed: / /
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