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)*

MAILING ADDRESS: _____

CITY/MUNICIPALITY/TOWN/VILLAGE: _____

POSTAL CODE (where available): _____ PHONE NO: ( )

DATE OF BIRTH: _____ / _____ / _____ GENDER: MALE FEMALE
(YYYY/MM/DD) *(CIRCLE ONE)*

PHIN #: _____ MHSC #: _____

HOSPITAL: _____ CHART NUMBER: _____

LAB SPECIMEN NO: _____ LAB REQ. NO: _____

FAMILY DOCTOR: _____ PHONE NO: ( )

DIAGNOSIS: __ DIRECT SMEAR __ CULTURE __ HISTOPATHOLOGY
__ GENOMIC __ SEROLOGY __ OTHER

IF OTHER, SPECIFY: _____

SITE/SPECIMEN: ___ SPUTUM ___ LUNG ___ RESP ___ SKIN ___ BONE
(check all that apply) ___ OTHER

IF OTHER, SPECIFY: _____

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REPORT OF BLASTOMYCOSIS
LABORATORY-BASED SURVEILLANCE

DATE PATIENT WAS FIRST SICK: / /
(YYYY/MM/DD)

DATE OF POSITIVE LAB RESULT: / /
(YYYY/MM/DD)

DATE INFORMATION COMPLETED: / /
(YYYY/MM/DD)

POSSIBLE GEOGRAPHIC SITE(S) OF EXPOSURE:

___ NW ONT ___ MB ___ USA ___ OTHER

SPECIFY LOCATION:

ADDITIONAL INFORMATION:

PRIVATE AND CONFIDENTIAL
FAX: (204) 948-3044 ATTN: LYNDA GRAHAM

Contact Person: Facility:

Phone Number: ( ) Date Faxed: / /
(YYYY/MM/DD)