

TRANSMISSIBLE DISEASE NOTIFICATION (TDN) TO CANADIAN BLOOD SERVICES CONFIDENTIAL

CLIENT INFORMATION		
Surname:	First Name:	Middle Name/Initials:
All Previous Names:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: (yyyy-mm-dd):	Phone:
Mailing Address:		
City:	Province:	Postal Code:
Has Client Been Advised That This Information Will Be Reported To Canadian Blood Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does Client Have Other Risk Factors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
TRANSMISSIBLE DISEASE MARKER		
<input type="checkbox"/> HCV <input type="checkbox"/> HIV <input type="checkbox"/> HBV <i>marker(s) tested:</i> _____ <input type="checkbox"/> HTLV <input type="checkbox"/> WNV <input type="checkbox"/> OTHER: _____		
Copy Of Positive Test Report Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Test Date (yyyy-mm-dd):	
Has Client Had A Previous Positive Test For This Same TD Marker? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Test Date (yyyy-mm-dd):	
HISTORY OF BLOOD DONATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO		
City/Province	Donation Date (yyyy-mm-dd)	
HISTORY OF BLOOD TRANSFUSIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Hospital	City/Province	Date (yyyy-mm-dd)
Initiated By:	Date (yyyy-mm-dd):	Phone:
Public Health Branch:	Fax # or Email Address:	

Please return completed form to Canadian Blood Services TDN Department to our confidential fax line **1-844-836-6843** or by scan & email to TDnotifications@blood.ca. To speak to a TDN Specialist you may call **(905) 494-5247** or **1-888-664-0465 ext 5247**