

**Manitoba Health and Seniors Care  
COVID-19 Case Report Form for COVID-19 Testing**



This form should be used when a test result indicates the detection of SARS-CoV-2, and / or genetic fragment(s) or antigen(s) specific to the same virus.

Please fill out this form on the same day of the test result and fax completed forms to MHSC Surveillance Unit (204) 948-3044 (secure fax). If the test also provided a printout of the result, please also fax a copy of the printout.

**Submission Date** (YYYY/MM/DD) \_\_\_\_\_

**Demographic Information:**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

PHIN (9 digits) \_\_\_\_\_ Sex  M  F  Intersex  Unknown

MHSC Number (6 digits) \_\_\_\_\_ Birth Date (YYYY/MM/DD) \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Alternate Locating Information \_\_\_\_\_ Telephone (home/work/cell) \_\_\_\_\_

Information on the practitioner reporting the result (typically this is the individual who performed the test):

**Practitioner's Name:** \_\_\_\_\_

Print Practitioner's name

Practitioner's Signature: \_\_\_\_\_ Date (YYYY/MM/DD) \_\_\_\_\_

Type of Practitioner: \_\_\_\_\_

Clinic/Facility/Site of Practice: \_\_\_\_\_

Practitioner Contact Information: \_\_\_\_\_

**Test results:**

Test Date (YYYY/MM/DD) \_\_\_\_\_ Test Location: \_\_\_\_\_

**Specimen type (please check one):**

- Nasopharyngeal (NP) swab
- Mid-nasal turbinate (nasal) swab
- Oropharyngeal (OP) swab
- Other, please specify: \_\_\_\_\_

**COVID-19 Detected/Positive by:**

- |  |   |
|--|---|
| <input type="checkbox"/> Abbott ID NOW COVID-19                              | <input type="checkbox"/> Thermo Fisher Scientific Taqpath COVID-19 Rt-PCR |
| <input type="checkbox"/> Abbott Panbio COVID-19 Ag Rapid Test                | <input type="checkbox"/> Biomeme Franklin SARS-CoV-2 Rt-PCR               |
| <input type="checkbox"/> BD Veritor System for Rapid Detection of SARS-CoV-2 | <input type="checkbox"/> Spartan COVID-19 System                          |
| <input type="checkbox"/> Hyris bCUBE bKIT Virus Finder COVID-19              | <input type="checkbox"/> Other, please specify: _____                     |

Confirmatory test to follow  NO  YES, please indicate which lab the specimen was sent to \_\_\_\_\_

