

**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 of the individual who tested positive:

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) _____

Complete (A) if the test was performed by or performed under the supervision of a health care provider. Provide information on the practitioner reporting the result (typically the individual who performed the test):

Complete (B) for all other situations including self-test. Provide information on the individual reporting the result, (typically the supervisor or administrator of the individual who tested positive):

<p>(A) Practitioner's Name: _____ Print Practitioner's name</p> <p>Practitioner's Signature: _____</p> <p>Date (YYYY/MM/DD) _____</p> <p>Type of Practitioner: _____</p> <p>Clinic/Facility/Site of Practice: _____</p> <p>Practitioner Contact Information: _____</p>	<p>(B) Supervisor or Administrator's Name: _____ Print Supervisor or Administrator's name</p> <p>Supervisor or Administrator's Signature: _____</p> <p>Date (YYYY/MM/DD) _____</p> <p>Facility/Work Site: _____</p> <p>Supervisor or Administrator's Contact Information: _____</p>
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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:

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

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

