

INSTRUCTIONS FOR SURVEILLANCE FORM

MHSU-0001

COVID-19 CASE REPORT FORM FOR COVID-19 TESTING

TO MEET THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND THEIR COMMUNITIES BY LEADING A SUSTAINABLE, PUBLICLY ADMINISTERED HEALTH SYSTEM THAT PROMOTES WELL-BEING AND PROVIDES THE RIGHT CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME.

— MANITOBA HEALTH AND SENIORS CARE

Epidemiology & Surveillance

Information, Management and Analytics Branch
Resources and Performance Division
Manitoba Health and Seniors Care

Publication date: February 8, 2021

Let us know what you think. We appreciate your feedback! If you would like to comment of any aspects of this new report please send an email to: outbreak@gov.mb.ca.

BACKGROUND

These instructions are intended to be used as a reference for Manitoba providers completing the **MHSU-001 - COVID-19 Case Report Form for COVID-19 Testing**.

This document provides form-specific instructions for completion, including some guidance for documentation in the Public Health Information Management System (PHIMS). Overall guidance on completion of surveillance forms is provided in the **USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES**, available at <http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>.

SUBMISSION OF FORMS TO THE SURVEILLANCE UNIT

INVESTIGATION (MHSU-001) CASE FORMS SHOULD BE COMPLETED AND FAXED TO THE SURVEILLANCE UNIT CONFIDENTIAL FAX 204-948-3044 WITHIN 24 HOURS OF RECEIVING THE TEST RESULT.

Surveillance Unit's General Line: 204-788-6736

If you have any questions or concerns about the reportable diseases or conditions or you need to speak with a Medical Officer of Health, please call 204-788-8666 anytime (24/7).

FORM-SPECIFIC GUIDANCE

Overall guidance on completion of surveillance forms is provided in the **USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES**, which contains definitions and guidance for all data elements.

https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_ug.pdf

The following tables provide instructions of specific relevance to this form.

DEMOGRAPHICS OF CASE

Data Element	Critical Field	Instructions on Use
Personal Identifiers	*	The name of the case and the case PHIN are valuable identifiers on the form to meet documentation standards for client identification. Ensures client can be identified and entered into the Public Health Information Management System (PHIMS).

PRACTITIONER IDENTIFICATION

Data Element	Critical Field	Instructions on Use
Practitioner's Name	*	Please clearly print the name of the practitioner who ordered the COVID-19 test.
Signature		Have the practitioner sign the relevant section and provide details on type of practice (e.g. doctor, nurse)
Clinic / Facility / Site of practice		Clearly identify the site of practice / clinic / facility where the practitioner typically works. If practitioner works in multiple sites, please select one for reference.
Practitioner Contact Information	*	Provide the telephone number where the practitioner can be reached

TEST RESULTS

Data Element	Critical Field	Instructions on Use
Test Date	*	In Year, Month, Date format, enter the date of the test

Data Element	Critical Field	Instructions on Use
Test Location	*	Please enter the name of the facility (e.g. the name of the Long Term Care Facility) where the test occurred.
Specimen Type	*	Place a check beside the type of specimen collected
Test Type	*	Place a check beside test type
Confirmatory Test to Follow		Circle Yes or No to indicate whether a confirmatory test (e.g. from Cadham Provincial Lab) will be ordered.