

Clinical Service Department  
 15 Sperling Dr, Barrie ON L4M 6K9  
 Fax: 705-733-7738 Phone: 705-721-7520

To: <a href="#">HCP Name</a>	Fax #: <a href="#">HCP Fax Number</a>
Attention: <a href="#">HCP Name</a>	
From: <a href="#">CD Staff Name</a>	Ext #: <a href="#">Click here to enter text.</a>
Date: <a href="#">Click here to enter a date.</a>	Number of Pages (including cover page): <a href="#">###</a>
RE: Communicable Disease Investigation	
<input checked="" type="checkbox"/> Confidential <input type="checkbox"/> As requested <input type="checkbox"/> Per Conversation <input type="checkbox"/> Urgent <input type="checkbox"/> For Your Information <input type="checkbox"/> Per Email Note	

Message:

Dear [HCP Name](#):

The Simcoe Muskoka District Health Unit requests information regarding a communicable disease investigation. Please see the attached letter and **laboratory report** for details.

If you have any questions or concerns, please contact me at 705-721-7520, (or toll-free at 1-877-721-7520), ext. [XXXX](#), Monday to Friday 8:30 a.m. - 4:30 p.m.

[CD Staff Name](#)  
[TITLE & Program](#)

2021-06-08

Click here to enter a date

HCP Name

Fax #: HCP Fax Number

Dear HCP Name:

**RE: SURNAME, First Name**

**D.O.B.: YYYY-MM-DD**

Hepatitis C (HCV) is a Disease of Public Health Significance as defined by Ontario Regulation 135/18, as amended under the Health Protection and Promotion Act.

Simcoe Muskoka District Health Unit received a report from Public Health Ontario Laboratory for the above patient, indicating hepatitis C antibody: Reactive OR hepatitis C RNA Viral Load: Detected, on YYYY-MM-DD.

**Please complete and return to SMDHU by fax (705) 733-7738**

Have you informed your patient of their hepatitis C result?  no  yes

**Reasons for Testing:**

Routine  Contact  Treatment  Prenatal – EDD (yy/mm/dd): \_\_\_\_\_

Other: \_\_\_\_\_

**Symptoms:**

Was patient symptomatic?  no  yes; Symptom(s): \_\_\_\_\_

Onset date: (yy/mm/dd): \_\_\_\_\_

**Risk Factors:** \_\_\_\_\_

**Testing History:**

Previously diagnosed with hepatitis C:  unknown  no  yes date: \_\_\_\_\_

Previous hepatitis C testing:  unknown  no  yes date: \_\_\_\_\_

Has HCV-RNA testing been ordered/completed?  no  yes

If this is a HCV POC test has confirmatory Anti-HCV and HCV RNA been ordered?  no  yes  N/A

Has testing been ordered for acute hepatitis A (IgM anti-HAV) and B (IGM anti HBc)?  no  yes

HIV co-infected:  unknown  no  yes

Hepatitis C health teaching provided  no  yes If Acute Case, Number of Contacts: \_\_\_\_\_

Patient to inform contacts that they should seek testing.  no  yes

**NOTE: IF CLIENT IS UNABLE TO INFORM CONTACTS, please identify ONE reason below:**

**Contacts are Anonymous/Untraceable**

**Patient requests Public Health to do confidential follow up (a nurse will call the patient)**

**Other:** \_\_\_\_\_

2021.06.08