Manitoba
Health, Seniors and Active Living

NOTIFICATION OF NO FOLLOW-UP FORM

I. CLIENT IDENTIFICATION

*1. LAST NAME	*2. FIRST NAME	MHSU USE ONLY
3. DATE OF BIRTH (YYYY - MM - DD)	4. SEX ○ FEMALE ○ MALE ○ INTERSEX ○ UNKNOWN	5. DATE OF DEATH (YYYY – MM – DD)
6. REGISTRATION NUMBER (FORMER MHSC) (6 DIGITS)	*7. HEALTH NUMBER (PHIN) (9 DIGITS)	8. ALTERNATE ID (SPECIFY TYPE OF ID)

II. LAB RESULT OR CLINICAL NOTIFICATION RECEIVED

*9. DISEASE UNDER INVESTIGATION (SPECIFY INFECTION)

*10. REASON FOR NO FOLLOW-UP

	CLASSIFICATION	→	DISPOSITION
☐	NOT A CASE/DOES NOT MEET CASE DEFINITION	→	FOLLOW-UP COMPLETE
☐	LAB CONFIRMED	→	MEETS CASE DEFINITION BUT RISK ASSESSMENT INDICATES NO NEED FOR FOLLOW-UP
☐	PREVIOUS INVESTIGATION - NO UPDATE TO CLASSIFICATION	→	FOLLOW-UP COMPLETE - NO FURTHER FOLLOW-UP REQUIRED (CONFIRM DETAILS IN PHIMS IN BOXES 14-17)
☐	PREVIOUS INVESTIGATION – UPDATE TO FORM PREVIOUSLY SENT	→	FOLLOW-UP COMPLETE (CONFIRM DETAILS BELOW IN BOXES 14-17 AND ENTER BOXES 18-20 IN PHIMS)

11. ☐ *LAB REPORT(S) (IF APPLICABLE)

ATTACH ALL ASSOCIATED LAB REPORTS **OR** LIST ACCESSION NUMBER(S) AND DATES

ACCESSION NUMBER	ACCESSION NUMBER	ACCESSION NUMBER
SPECIMEN COLLECTION DATE (YYYY – MM – DD)	SPECIMEN COLLECTION DATE (YYYY – MM – DD)	SPECIMEN COLLECTION DATE (YYYY – MM – DD)

12. ☐ *CLINICAL REPORT (IF APPLICABLE)
ATTACH CLINICAL REPORT **OR** LIST DATE OF REPORT

13. SPECIFY DATE OF REPORT (YYYY – MM – DD)

III. PREVIOUS INVESTIGATIONS

14. DATE OF PREVIOUS INVESTIGATION (SPECIFY DATE YYYY – MM – DD)	15. PREVIOUS ACCESSION # (IF KNOWN)	16. PREVIOUS DATABASE # (IF KNOWN)	17. RESPONSIBLE ORGANIZATION FOR PREVIOUS INVESTIGATION ○ WRHA ○ NRHA ○ PMH ○ SH-SS ○ IERHA ○ FNIHB ○ CSC

18. UPDATED CURRENT STAGE (IF APPLICABLE)

19. ☐ CLIENT CONSENTS TO LINK PREVIOUS HIV RESULT NON-NOMINAL CODE(S) OR NAME USED (IF APPLICABLE)
SPECIFY COUNTRY/PROVINCE, CODE/NAME, AND DATE OF LAST POSITIVE TEST YYYY-MM-DD

20. ADDITIONAL INFORMATION (IF REQUIRED)

IV. *RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY

FORM COMPLETED BY (PRINT NAME)	SIGNATURE	RHA USE ONLY
FORM COMPLETION DATE (YYYY-MM-DD)	ORGANIZATION ○ WRHA ○ NRHA ○ PMH ○ SH-SS ○ IERHA ○ FNIHB ○ CSC	STAMP HERE

* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.