Public Health Ontario | Santé publique Ontario

Public Health Ontario Laboratory
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Toronto, ON M5G 1M1
www.publichealthontario.ca

TB Genotyping Request Form

Submitter Information

Health Unit/Institution		
Address	City	Postal Code
Contact Person	Phone	Fax
Email		

Suspect Cluster: Patient Information

	Last Name	First Name	DOB (yyyy-mm-dd)	HIN#	Diagnosis Date (yyyy-mm-dd)
1.					

PHL# | iPHIS# | Reason for suspected match: ☐Family ☐Workplace ☐Known Contact ☐Other | Specify:

Match against: ☐Entire database ☐Homeless cluster ☐Patient 2 ☐Patient 3 ☐Other | Specify:

	Last Name	First Name	DOB (yyyy-mm-dd)	HIN#	Diagnosis Date (yyyy-mm-dd)
2.					

PHL# | iPHIS# | Reason for suspected match: ☐Family ☐Workplace ☐Known Contact ☐Other | Specify:

Match against: ☐Entire database ☐Homeless cluster ☐Patient 1 ☐Patient 3 ☐Other | Specify:

	Last Name	First Name	DOB (yyyy-mm-dd)	HIN#	Diagnosis Date (yyyy-mm-dd)
3.					

PHL# | iPHIS# | Reason for suspected match: ☐Family ☐Workplace ☐Known Contact ☐Other | Specify:

Match against: ☐Entire database ☐Homeless cluster ☐Patient 1 ☐Patient 2 ☐Other | Specify:

Additional Information

Additional Comments:

Please fill in this form electronically, print, and then fax to the PHL Toronto TB and Mycobacteriology laboratory at 416-235-6013

For any questions please contact the TB laboratory at 647-792-3345.

The personal health information is collected under the authority of the *Personal Health Information Protection Act*, 2004, s.36 (1)(c)(iii) for the purposes specified in the *Ontario Agency for Health Protection and Promotion Act,* 2007, s.1 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-TB-105 version 004.1 (August 2024).

Ontario