

**Manitoba Health and Healthy Living  
HIV Case Report Form for Anonymous Testing**



Fax two (2) pages, to fax 204-948-3044

Submission Date: \_\_\_\_\_(YYYY/MM/DD)

**MANITOBA HEALTH AND HEALTHY LIVING SURVEILLANCE SYSTEM**

**WITH THIS FAXED FORM, I WISH TO REPORT A POSITIVE ANONYMOUS HIV TEST RESULT.**

**ANONYMOUS HIV TEST CODE:** \_\_\_\_\_

**Attach positive anonymous test laboratory report**

As per the anonymous testing protocol, this is the only information I have available to me.

I understand that each positive HIV test should be accompanied with appropriate post-test counseling and appropriate contact follow-up. I have educated the client regarding the need for HIV care and treatment through a physician knowledgeable in HIV and/or the Manitoba HIV Program.

- Post-test counseling has been completed
- Appropriate contact information has been collected (an individual contact form is required for each contact)
- Client has been strongly encouraged to receive nominal or non-nominal HIV testing to facilitate referral to a physician knowledgeable in HIV and/or the Manitoba HIV Program
- Client has consented to a future nominal or non-nominal HIV test
- Client has been encouraged to seek appropriate follow-up care and/or a referral to an HIV specialist or the Manitoba HIV Program has been completed

Name: \_\_\_\_\_  
Practitioner's Name (PRINT)

Sign: \_\_\_\_\_ Date: \_\_\_\_\_(YYYY/MM/DD)  
Practitioner's Signature

**Fax to: Manitoba Health and Healthy Living  
Public Health Notifiable Disease Surveillance System**  
Public Health Division, Manitoba Health and Healthy Living  
4th floor – 300 Carlton Street  
Winnipeg, Manitoba R3B 3M9  
CONFIDENTIAL FAX: 204-948-3044  
Telephone: Public Health Disease Surveillance System (204-788-6736)