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 — O FEMALE O MALE O INTERSEX O 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
- ☐ NOT A CASE/DOES NOT MEET CASE DEFINITION
- ☐ MEETS CASE DEFINITION BUT RISK ASSESSMENT INDICATES NO NEED FOR FOLLOW-UP
- ☐ PREVIOUS INVESTIGATION - NO FURTHER FOLLOW-UP REQUIRED (SPECIFY DETAILS IN BOXES 13-16)
- ☐ UPDATE TO PREVIOUS INVESTIGATION COMPLETED - (SPECIFY DETAILS AS APPLICABLE IN BOXES 13-16, AND 17-19)

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

SPECIFY DATE OF REPORT — YYYY – MM – DD

III. PREVIOUS INVESTIGATIONS

13. DATE OF PREVIOUS INVESTIGATION — SPECIFY DATE YYYY – MM – DD
14. PREVIOUS ACCESSION # (IF KNOWN)
15. PREVIOUS DATABASE # (IF KNOWN)
16. RESPONSIBLE ORGANIZATION FOR PREVIOUS INVESTIGATION — O WRHA O NRHA O PMH O SH-SS O IERHA O FNIHB O CSC
17. UPDATED CURRENT STAGE (IF APPLICABLE)
18. ☐ 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
19. ADDITIONAL INFORMATION (IF REQUIRED)

IV. *RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY

20. FORM COMPLETED BY (PRINT NAME)
21. SIGNATURE

RHA USE ONLY

22. FORM COMPLETION DATE — YYYY-MM-DD
23. INVESTIGATION STATUS — O ONGOING O CLOSED TO THE REGION
24. ORGANIZATION — O WRHA O NRHA O PMH O SH-SS O IERHA O FNIHB O CSC

STAMP HERE

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