Appendix M

Notification to Saskatchewan Transplant Program

In accordance with Section 10.2 of *The Disease Control Regulations, 2014* the following form should be used to communicate with Saskatchewan Transplant Program Medical **Director by calling 306-655-5054.**

The table below outlines if reporting to the Saskatchewan Transplant Program (STP) is required depending on the history of donation or receipt and the timing of the donation or receipt relative to the positive lab report being received at public health.

Disease	**Hepatitis B**	**Hepatitis C**	**HIV**	**CJV/vCJD**
Report to STP if history of Donation	Yes	Yes	Yes	Yes
Time since donation of tissue	Donation since 1975	Donation since 1975	Donation since 1975	Donation in the past 1 year
Report to STP if history of Receipt	Yes – if no other risk factors for acquiring disease	Yes – if no other risk factors for acquiring disease	Yes – if no other risk factors for acquiring disease	Yes – only for vCJD
Time since receipt of tissue	Receipt since 1975	Receipt since 1975	Receipt since 1975	Receipt since 1975

Designated Transfusion Transmissible Infections

Disease	**HTLV I/II**	**Syphilis**	**Malaria**	**West Nile Virus**
Report to STP if history of Donation	Yes	Yes	Yes	No
Time since donation of tissue	Donation since 1975	Donation since 1975	Donation since 1975	N/A
Report to STP if history of Receipt	Yes	No	Yes – if no other risk factors for acquiring disease	Yes
Time since receipt of tissue	Receipt since 1975	N/A	Receipt since 1975	Receipt in the past 56 days (8 weeks)

CONFIDENTIAL

Date of report to Saskatchewan Transplant Program: _____
yyyy/mm/dd

TO: Medical Director, Saskatchewan Transplant Program
1702 20th St W
Saskatoon, SK S7M 0Z9
Phone: 306-655-5054 Fax: 306-655-5946

Re: _____ DOB: _____ Phone (H): _____
surname given name initial yyyy/mm/dd

_____ (W): _____
address city/town Prov. Postal Code

Current attending Physician: _____ SK Health Card #_____

This is to advise that on _____ the above person had serology ordered by _____
yyyy/mm/dd name of physician ordering test

The lab result indicates the following reportable disease(s):

☐ Hepatitis B ☐ HTLV I/II ☐ CJD/vCJD
☐ Hepatitis C ☐ Syphilis ☐ Malaria
☐ HIV ☐ West Nile virus

Indicate the test name and result for the disease that is being reported.

Previously positive test _____
mm/yyyy

Test Name of Disease Reported	Result	Reported Date

☐ The client reported history of receiving a tissue (indicate below) in or after 1975 (*within 8 weeks for WNV only)

☐Bone ☐Tendon ☐Heart Valve ☐Skin ☐Cornea ☐Sclera

_____ on approximately _____
name of hospital and city yyyy/mm/dd

_____ on approximately _____
name of hospital and city yyyy/mm/dd

_____ on approximately _____
name of hospital and city yyyy/mm/dd

☐ The client reported history of tissue donation in or after 1975 (*not required for WNV only)

_____ on approximately _____
name of city yyyy/mm/dd

_____ on approximately _____
name of city yyyy/mm/dd

_____ on approximately _____
name of city yyyy/mm/dd

* For West Nile Virus infection:
- Onset of symptoms or positive test result within 8 weeks of transplant will determine whether or not an investigation will be initiated.
- Notification to the Saskatchewan Transplant Program is not required in instances of history of tissue donation.

Note: If transplant or donation occurred in another country the name of the agency involved should be included.

_____
Medical Health Office or designate