Canadian Blood Services
Société canadienne du sang

TRANSMISSIBLE DISEASE NOTIFICATION (TDN) TO CANADIAN BLOOD SERVICES
CONFIDENTIAL

CLIENT INFORMATION		
Surname:	First Name:	Middle Name/Initials:
All Previous Names:		
Gender: ☐ Male ☐ Female	DOB: *(yyyy-mm-dd):*	Phone:
Mailing Address:		
City:	Province:	Postal Code:
Has Client Been Advised That This Information Will Be Reported To Canadian Blood Services? ☐ Yes ☐ No		
Does Client Have Other Risk Factors? ☐ Yes ☐ No ☐ Unknown		

TRANSMISSIBLE DISEASE MARKER	
☐ HCV ☐ HIV ☐ HBV *marker(s) tested*:_____ ☐ HTLV ☐ WNV ☐ OTHER: _____	
Copy Of Positive Test Report Attached: ☐ Yes ☐ No	Test Date *(yyyy-mm-dd):*
Has Client Had A Previous Positive Test For This Same TD Marker? ☐ Yes ☐ No ☐ Unknown	Test Date *(yyyy-mm-dd):*

HISTORY OF BLOOD DONATIONS: ☐ YES ☐ NO	
City/Province	Donation Date *(yyyy-mm-dd)*

HISTORY OF BLOOD TRANSFUSIONS: ☐ YES ☐ NO		
Hospital	City/Province	Date *(yyyy-mm-dd)*
Initiated By:	Date *(yyyy-mm-dd):*	Phone:
Public Health Branch:	Fax # or Email Address:	

Please return completed form to Canadian Blood Services TDN Department to our confidential fax line **1-844-836-6843** or by scan & email to **TDnotifications@blood.ca**. To speak to a TDN Specialist you may call **(506) 648-5076 or 1-888-992-5663 ext 5076.**