

The Government of Manitoba is introducing a program to provide financial assistance to persons infected with Hepatitis C prior to January 1, 1986 or between July 2, 1990 to September 28, 1998 inclusive. The following information is required to assist the applicant in obtaining assistance under the program. The applicant has provided Manitoba Health, including the employees, representatives and agents of Manitoba, for the purpose of administering the Manitoba Hepatitis C Assistance Program, with the authority to collect this information from you.

Send completed form to: Manitoba Health MHCAP 4036 - 300 Carlton Street Winnipeg, MB R3B 3M9

The estate of _____ has applied for financial assistance under the Manitoba Hepatitis C Assistance Program. One consideration for eligibility is that the cause of death be directly related to the Hepatitis C infection. Attached is the applicant's authorization to disclose information.

1. Applicant's Information

Name of Deceased Applicant	Date of birth <i>(day/month/year)</i>
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2. Physician's Information (to be completed by physician)

Physician's Name	MCPS Registration No.	Specialty
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Business address	Telephone No. ()
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Was the applicant diagnosed with Hepatitis C <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of diagnosis: <i>(day/month/year)</i>
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Was the death of the applicant caused by Hepatitis C Yes No

If No, was the cause of death directly related to this applicant's Hepatitis C infection Yes No

Please comment/explain: _____

Did applicant receive a transfusion in Manitoba during any or all of the following time period (s)?

on or before December 31, 1985 Jan. 1, 1986 - July 1, 1990 July 2, 1990 - Sept. 28, 1998. Don't Know

Do you have knowledge of any other risk factors for HCV infection for this applicant? (e.g. history of intravenous drug use, occupational exposure, tattoos)

Yes (specify) No Unknown

Explain _____

If you are aware of other physicians treating this person for Hepatitis C or the conditions related to it, please list:

Name	Location of Practice
Name	Location of Practice
Name	Location of Practice

Physician signature	Date <i>(day/month/year)</i>
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Collection of the personal information on this form is to determine eligibility for the Manitoba Hepatitis C Assistance Program. The authority for the collection and use of this information is the personal Health Information Act S.M. 1997, c51, as 13(7) and 27. For information about collection practices, please contact MHCAP, 4036 - 300 Carlton Street, Winnipeg Mb R3B 3M9, Tel. No. (toll free) 1-866-357-0196, in Winnipeg call 788-6339.