

NWT Clinical Practice Information Notice

UPON RECEIPT: (1) PLEASE FOLLOW THE DIRECTIONS BELOW
(2) FILE THIS NOTICE IN SECTION C, CLINICAL PRACTICE INFORMATION BINDER FOR FUTURE REFERENCE

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

☒ Hospitals
 ☒ Community Health Centers
 ☒ Public Health Units
 ☒ Doctors' Offices
 ☐ Social Services Offices
 ☒ Other: CDC Manuals

The information contained in this document is a Departmental:

☐ Policy
 ☐ Standard
 ☐ Protocol
 ☐ Procedure
 ☒ Guidelines

Title: Clinical Practice Guidelines for Hepatitis Testing for the NWT

Effective Date: April 19, 2002

Statement of approved clinical practice:

The attached Clinical Practice Guidelines for Hepatitis Testing for the Northwest Territories, dated March 2002 are recommended for use by the NWT Laboratory Advisory Committee.


Please file the attached Clinical Practice Guidelines in the **Laboratory Manual** in use within your facility/region.

Those who do not have a laboratory manual should retain the attached information for reference in their own filing system.

Attachment:

- Clinical Practice Guidelines for Hepatitis Testing for the NWT

This clinical practice is approved.



(signature)

Assistant Deputy Minister ☐
 Chief Medical Officer of Health ☒
 Director, Child & Family Services ☐
 Director, Adoptions ☐