Public Health Ontario | Santé publique Ontario

For laboratory use only
Date received: yyyy / mm / dd PHOL No.

Newborn CMV PCR Test Requisition

For confirmation of CMV DNA detection on newborn screen test

1 - Ordering Physician Information

Name
Address
City & Province
Postal Code

Physician Initial / Surname, and OHIP / CPSO Number:

Date Ordered: yyyy / mm / dd

Telephone: (###) ###-#### Fax: (###) ###-####

2 - Patient Information

Health No. | Medical Record No.

Surname:

First Name:

Date of Birth: yyyy / mm / dd Sex: ◉ M ○ F

Address: | Postal Code:

Submitter Lab No.

PHO ID Code: **CMV PCR-NBST**

cc Doctor Name:

Lab/Clinic Name:

CPSO Number:

Telephone: (###) ###-#### Fax: (###) ###-####

Address:

Postal Code:

3 - Test(s) Requested

CMV PCR

4 - Specimen Type

☐ Urine
☐ Other (Specify - **Requires approval)**

Patient Setting

☐ physician office/ clinic
☐ inpatient (ward)
☐ inpatient (ICU)
☐ ER (not admitted)
☐ institution

5 - Reason for Test

☐ Follow up: **Confirmation of CMV DNA detection on newborn screen test**

Date Collected: yyyy / mm / dd Onset Date: yyyy / mm / dd

Clinical Information

☐ asymptomatic (investigation ongoing)
☐ IUGR
☐ Maternal CMV in pregnancy
☐ microcephaly
☐ fever
☐ Other: Relevant clinical information
☐ respiratory symptoms
☐ maculopapular rash
☐ encephalitis /meningitis

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1009-000.

Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé