Vector-borne and Zoonotic Virus Testing Intake Form

Public Health Ontario | Santé publique Ontario

Submission of this form is **MANDATORY** for testing of some vector-borne and zoonotic viruses.

Refer to Public Health Ontario's Test Menu for information on submission requirements. Completion of this form **does not** replace the need for a General Test Requisition. **Submit both forms when sending your initial request.** If your test request has been cancelled for lack of intake form, fax this completed form to PHO's laboratory testing section at (416) 235-6188 as soon as possible.

Submitter / Health Care Provider (HCP) Information

Licence No.: | Lab / Hospital or Facility Name:

HCP Full Name:

Address:

City: | Postal Code: | Province:

Tel: | Fax:

Patient Information

Health Card No.:

Last Name (per health card):

First Name (per health card):

Date of Birth (yyyy-mm-dd):

PHO's Laboratory Specimen ID (if available):

Clinical Information

Clinical Condition

☐ Pregnant ☐ Newborn / Infant ☐ Immune compromised ☐ Not Applicable

Signs / Symptoms

☐ No Signs / Symptoms ★ **Onset Date (yyyy-mm-dd):**

☐ Arthralgia ☐ Hemorrhage or bleeding ☐ Nausea

☐ Conjunctivitis ☐ Fever ☐ Pneumonia

☐ Cough ☐ Meningitis / Encephalitis ☐ Rash or Petechiae

☐ Diarrhea ☐ Myalgias or Acute Paralysis ☐ Shortness of Breath

☐ Other (Specify):

Pregnancy-specific information (Complete if applicable)

Sexual partner(s) with travel history to a country with a risk of or reported local vector-borne or zoonotic virus transmission in the past 3 months: ☐ Yes ☐ No ☐ Unknown

Conception attempt within 3 months of return from an area with risk of or confirmed local vector-borne virus transmission: ☐ Yes ☐ No ☐ Unknown

Infant born to mother with suspected or confirmed vector-borne or zoonotic virus infection during pregnancy: ☐ Yes ☐ No ☐ Unknown

Evidence of fetal or neonatal anomaly: ☐ Microcephaly ☐ CNS calcification

☐ Other (Specify):

If pregnant, indicate the number of weeks or months at time of specimen collection:

Relevant Travel(s)

☐ None / Not Applicable ☐ Travel outside of Canada ☐ Travel within Canada ☐ Resides in vector-borne or zoonotic virus endemic area

Locations visited or country of residence:

Date of arrival to locations visited (yyyy-mm-dd):

Date of departure from locations visited (yyyy-mm-dd):

Relevant Exposure(s)

Exposure date(s)

Date of exposure(s) or most recent possible exposure(s) (yyyy-mm-dd):

Vector-borne viruses (Complete if applicable)

★ **Arthropod exposure(s):** ☐ Mosquito bite(s) ☐ Tick bite(s) ☐ Unknown

Other relevant exposures (Specify):

Previous vector-borne virus vaccination(s): ☐ Yes ☐ No ☐ Unknown

Previous vector-borne virus infection(s): ☐ Yes ☐ No ☐ Unknown

Name of previous vector-borne vaccination(s) or infection(s):

Name of immune modulating therapy (if immune compromised):

Zoonotic viruses (Complete if applicable)

★ **Exposure(s) to mice or other rodents:** ☐ Yes ☐ No ☐ Unknown

☐ Contact with rodent droppings or urine ☐ Ingestion of rodent exposed item ☐ Bite or scratch

☐ Other (Specify):

Exposure setting: ☐ Home ☐ Work ☐ Outdoor

Duration of exposure(s): ☐ Single Event ☐ Multiple Events ☐ Unknown

PPE worn during exposure(s): ☐ Yes ☐ No ☐ Unknown

Ontario