

### Mandatory Information Intake Form for Zika Virus Testing

All samples submitted for testing must be accompanied by a separate **Public Health Ontario Laboratories General Test Requisition** for each sample type collected, e.g. serum, urine, amniotic fluid, tissue, CSF. All fields on each requisition must be completed. In addition, the following mandatory information is required on the requisition for Zika virus testing<sup>1</sup>.

**A. Mandatory Information:**

1. Patient Name and Date of Birth		
2. Country(s) visited		
3. Dates of travel to Zika endemic or currently affected area	Date of arrival to area:	
	Date of departure from area:	
4. Date of onset of symptoms		
5. a. Symptoms compatible with Zika virus infection	<input type="checkbox"/> Symptomatic at time of sample collection <input type="checkbox"/> Never had symptoms <input type="checkbox"/> Recovered <input type="checkbox"/> Newborn/infant potentially exposed during pregnancy	
b. List all relevant symptoms		
6. Date of collection		
7. History of receiving any flavivirus vaccine or prior flavivirus infection		
8. a. Pregnancy status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<b>b. If pregnant, provide LMP or EDC</b>	LMP: _____ or EDC: _____	
c. If pregnant Choose one:	Symptomatic; collection within 12 weeks of <b>onset</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Asymptomatic; collection within 12 weeks of potential Zika <b>exposure</b> *	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Unprotected sexual contact with a partner who lived in or traveled to Zika endemic or currently affected area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Female or male who is part of a couple trying to get pregnant within 2 or 3 months, respectively, of departure from an area with Zika transmission.	A relevant medical reason must be provided to justify testing instead of deferring conception attempt:	

**B. Additional Information *if available* regarding fetal or neonatal ultrasound:**

1. Fetal microcephaly	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. CNS calcification	<input type="checkbox"/> Yes <input type="checkbox"/> No

**C. Completed by:**

Name of healthcare provider	
Signature/date	

\*Presence in Zika endemic or currently affected area or unprotected sex with a partner who was present in Zika area.

<sup>1</sup>Refer to the Zika Virus Test Information Sheet located at [www.publichealthontario.ca/test\\_directory](http://www.publichealthontario.ca/test_directory) and [www.publichealthontario.ca](http://www.publichealthontario.ca) 'Hot Topics- Zika virus infection' for more information and resource material.