

# Arbovirus<sup>Ω</sup> (Non-Zika\*) Testing Intake Form

Examples of arboviruses which require this form include: West Nile virus (PCR requests only), California serogroup viruses, dengue virus, eastern equine encephalitis virus, Japanese encephalitis virus, Powassan virus, Ross River virus, tick-borne encephalitis virus, Venezuelan equine encephalitis virus, western equine encephalitis virus, and yellow fever virus.

All specimens submitted for testing **MUST BE ACCOMPANIED** by a separate [Public Health Ontario Laboratory General Test Requisition](#) for each specimen type collected, e.g. serum, CSF. All fields on each requisition must be completed, including the following **MANDATORY** information:

**ALL Sections of this form must be completed.**

1 - Requesting Authorized Health Care Provider		4 - Patient Information	
Name of responsible healthcare provider / Main responsible physician / Attending physician. Surname, First Name: OHIP / CPSO / Prof. License No.: Name of clinic / facility / health unit: Phone: _____ Fax: _____ Email: _____		Last Name: First Name: Date of Birth (yyyy/mm/dd):	
<b>Alternative contact:</b> Surname, First name: OHIP / CPSO / Prof. License No.: Phone: _____ Fax: _____ Email: _____		Country(ies), provinces or other locations visited: Dates of travel (yyyy/mm/dd): _____ Date of arrival to area (yyyy/mm/dd): _____ Date of departure from area (yyyy/mm/dd): Comments:	
<b>Form submission date (yyyy/mm/dd):</b>		<b>5 - Specimen Characteristics**</b>	
<b>2 - Arbovirus Test Requested</b>		Serum                      Cerebrospinal Fluid*                      Whole Blood  Other    If Other, specify:	
Arbovirus Test(s) Requested: If applicable, PHO Laboratory Specimen ID number(s):		Specimen 1 collection date (yyyy/mm/dd): Specimen 2 collection date (yyyy/mm/dd):	
<b>3 - Clinical Information</b>		Acute                                      Convalescent	
<b>A. Exposures compatible with arbovirus infection</b> Tick Bite                      Other relevant exposures: Mosquito Bite(s) Exposure date (yyyy/mm/dd):		Date of symptom onset (yyyy/mm/dd):	
<b>B. Relevant clinical information:</b> Fever                      Conjunctivitis                      Pregnancy Rash                      Meningitis                      Suspected Joint Pain                      Encephalitis                      Severe Dengue		<b>6 - History / date of receiving any arbovirus vaccine or prior arbovirus infection.</b>	
<b>C. Other relevant clinical details</b> This information should be provided by the attending healthcare provider / microbiologist involved in the case.		Arbovirus Vaccination(s):                      Yes                      No Name of vaccine(s): Date(s) of vaccination(s) (yyyy/mm/dd): Previous arbovirus infection:                      Yes                      No If yes, specify infection: Date of previous infection (yyyy/mm/dd):	
		<small>           Ω If only ordering West Nile virus serology, no arbovirus intake form is required.            * For Zika testing, complete the <a href="#">Zika Mandatory Intake Form</a>, NOT the arbovirus intake form.            **California serology requires paired acute / convalescent sera or paired CSF / sera. See <a href="#">NML California Serogroup Guidelines</a>.            † If CSF is submitted, it must be accompanied by a corresponding serum. For testing guidance on specific arboviruses see <a href="#">Public Health Ontario Test Information Index</a>.            To arrange arbovirus molecular testing (PCR), except Chikungunya / Zika / Dengue PCRs (which do not require approval), contact <a href="#">PHOL Customer Service Centre</a>.         </small>	

## CONFIDENTIAL WHEN COMPLETED

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 PHO laboratory Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. Form No. FC-WN-307 (22/09/22).