Public Health Ontario | Santé publique Ontario

For laboratory use only
Date received: | 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:

cc Doctor Name:

Lab/Clinic Name:

CPSO Number:

Telephone: | Fax:

Address:

Postal Code:

2 - Patient Information

Health No. | Medical Record No.

Surname:

First Name:

Date of Birth (yyyy-mm-dd): | Sex: ☐ Male ☐ Female

Address: | Postal Code:

Submitter Lab No.

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

3 - Test(s) Requested

CMV PCR

4 - Specimen Type

☐ Urine

☐ Other Specify **(Requires approval)**

Patient Setting

☐ Physician office / Clinic ☐ Inpatient (ward) ☐ ER (not admitted)

☐ Inpatient (ICU) ☐ 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) ☐ Microcephaly ☐ Respiratory symptoms ☐ Encephalitis / meningitis

☐ IUGR ☐ Fever ☐ Maculopapular rash

☐ Maternal CMV in pregnancy ☐ Other Relevant clinical information:

The personal health information is collected under the authority of the *Personal Health Information Protection Act*, 2004, s.36 (1)(c)(iii) for the purposes specified in the *Ontario Agency for Health Protection and Promotion Act*, 2007, s.1 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1009, version 000.1 (September 2024)

Ontario