

## 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.

### A. Mandatory Information:

1. Patient Name and Date of Birth			
2. Country(s) visited			
3. Dates of travel (arrival to and departure from endemic country)			
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		
b. List all relevant symptoms			
6. Date of collection			
7. History of receiving any flavivirus vaccine or prior flavivirus infection			
8. Pregnancy status	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
9. Sexual contact with a confirmed case	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Male who is part of a couple trying to get pregnant for medical reasons within six months of his departure from a Zika-endemic area	Provide relevant medical reason to justify testing:		

### 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 health care provider	
Signature/date	

<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) on [Zika virus](#) for more information and resource material.