

ZIKA CLINICAL INFORMATION DATA SHEET – INTERIM GUIDANCE

You have requested Zika virus testing for your patient. To help with interpretation of results, the National Microbiology Laboratory requires certain information. Completion of this data sheet will enable us to provide the most accurate results possible. At present, the Nova Scotia Department of Health and Wellness recommends **testing only of pregnant women who have travelled or had unprotected sex with a man who has travelled to an area where Zika virus is circulating within the relevant time frame.**

A.	Patient Identifiers: Affix patient label or complete	Patient Name:	
		Health Card # or:	
		Medical Record #:	
B.	Today's date: YYYY/MM/DD		
C.	Date of symptom onset: YYYY/MM/DD		
D.	What symptoms has the patient exhibited? (check all that apply)	<input type="checkbox"/> a) Fever <input type="checkbox"/> b) Maculopapular rash <input type="checkbox"/> c) Conjunctivitis <input type="checkbox"/> d) Headache <input type="checkbox"/> e) Muscle pain <input type="checkbox"/> f) Asymptomatic	
E.	Reason for Testing:	<input type="checkbox"/> a) Travel to area of concern <input type="checkbox"/> b) Unprotected sex with a partner who has travelled within the last two months. Indicate travel location: _____ <input type="checkbox"/> c) Other: _____	
F.	Travel history: (list countries visited and dates visited)	Country	Dates (YYYY/MM/DD)
G.	Pregnancy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H.	Date of Last Menstrual Period: YYYY/MM/DD		
I.	Previous flavivirus infection:	a) Dengue virus <input type="checkbox"/> Yes <input type="checkbox"/> No b) Yellow fever <input type="checkbox"/> Yes <input type="checkbox"/> No c) West Nile virus <input type="checkbox"/> Yes <input type="checkbox"/> No	
J.	History of receiving any flavivirus vaccine:	a) Japanese encephalitis <input type="checkbox"/> Yes <input type="checkbox"/> No b) Yellow fever <input type="checkbox"/> Yes <input type="checkbox"/> No	
K.	Other:		
To be completed by the QEII Microbiology Lab – Central Zone:			
L.	Specimen accession #:		

Please submit this data sheet attached to the pink Microbiology Primary Care requisition for Central Zone or your Local Lab requisition. Indicate "Zika Virus" at the bottom left of the requisition under "Other tests". Test choice will be made based on the following attached algorithm. Please ensure that two unique identifiers are on both the specimens and requisition.