



NWT Biolytical Inti HIV/Syphilis Multiplex Point-of-Care Test (POCT) Reporting Form

ALL Syphilis/HIV POCTs administered in NWT must be reported to OCPHO using this form within 24 hours of POCT administration


Patient Information	
Last Name:	First Name:
HCN:	No HCN available <input type="checkbox"/>
Date of Birth (mm/dd/yyyy):	
Contact Information:	
Testing Information	
Test Collection Community:	Test Administrator Name:
Test Site: <input type="checkbox"/> Public Health Clinic <input type="checkbox"/> Health Centre/Primary Care Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Outreach Location <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Other Setting	Test Site Details:
<input type="checkbox"/> Prior syphilis/HIV status known (verified by patient or medical record)	
POCT Lot Number:	Date POCT performed:
Syphilis Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Test Wasted	
HIV Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Test Wasted	
Serology Information	
Confirmatory Syphilis Serology Collected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, reason: <input type="checkbox"/> Serology lab requisition provided <input type="checkbox"/> Patient declined
Date Syphilis Serology Collected:	
Confirmatory HIV Serology Collected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, reason: <input type="checkbox"/> Serology lab requisition provided <input type="checkbox"/> Patient declined
Date HIV Serology Collected:	

Please send completed forms within 24 hours to the Office of the Chief Public Health Officer electronically by secure file transfer: Click "Submit to OCPHO" button below

OR

Send by secure file transfer to CDCU@gov.nt.ca

How to submit the NWT Biolytical Inti HIV/Syphilis Multiplex Point-of-Care Test (POCT) Reporting Form to OCPHO:

1. Save completed report form(s) in desired location on computer. Note that you may send more than one report form at once if desired.
2. Once report form(s) is completed, click  at bottom of form to open OCPHO Outbreak secure file transfer drop box window in default browser.
3. In Outbreak Filedrop window, fill in the following fields:
 - **From:** the submitting person's email address
 - **Subject:** brief email subject line re: POCT report form
 - **Message:** brief message if desired
4. Attached saved report form(s) from step 1 by dragging and dropping file into *Drop Files Here* grey box, OR by clicking the *Add Files...* button to attach file(s).


Outbreak Filedrop


From:


Subject:

Message:

Please see attached Syphilis/HIV Biolytical POCT report form(s).

 **Drop Files Here**

 **Add Files...**

 **Send**

Limitations

2 GB

[Blocked Extensions](#)

Report form files can be attached to email by either i) dragging and dropping to *Drop Files Here* box, or ii) by clicking *Add Files...*

5. Once file(s) are attached, click  to submit to OCPHO.