



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

**When to complete this form:** A Healthcare professional who performs a Biolytical Insti HIV/Syphilis Multiplex POCT in Northwest Territories (NWT) AND does not have access to the electronic medical record for documentation should use this report form to meet their legislative reporting requirement to report POCT test information to the Office of the Chief Public Health Officer (OCPHO) as per the *Public Health Act, Disease Surveillance Regulations, R-096-2009*. **ALL syphilis and HIV tests are reportable tests, and all test results should be reported.**

**If you think your client may have syphilis or HIV, a NWT STI Case Investigation Reporting Form must be completed and sent to the OCPHO by secure fax: 867-873-0442.**

### SECTION 1 - CLIENT INFORMATION

<b>Affix patient label</b>	<b>Last Name:</b>	<b>First Name:</b>
	<b>Date of Birth (dd-mmm-yyyy):</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
	<b>HCN (including OOT HCN):</b>	<b>No HCN available</b> <input type="checkbox"/>
	<b>Home Community:</b>	<b>Province/Territory:</b>
	<b>Current Contact Information:</b>	
	<b>Client Provided Informed Consent Reporting Testing:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	

### SECTION 2 - TESTING INFORMATION

<b>POCT Lot #:</b>	<b>Date POCT Performed (dd-mmm-yyyy):</b>
<b>Syphilis Result:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	
<b>HIV Result:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	

### SECTION 4 – ONLY FILL OUT FOR POSITIVE RESULT

**Public Health Follow-up\*:**  Completed by test administrator OR Referred to:  [Regional PH Lead](#)  Other:

### SECTION 4 – REPORTING FACILITY & PROVIDER INFORMATION

<b>Test Collection Community:</b>	<b>Name of Facility:</b>
<b>Type of Test Site:</b> <input type="checkbox"/> Remote Camp <input type="checkbox"/> Private Health Clinic <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Health Centre/Primary Care Clinic <input type="checkbox"/> Public Health Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Outreach Location <input type="checkbox"/> Other (specify):	
<b>Type of Provider:</b> <input type="checkbox"/> Physician <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CHR <input type="checkbox"/> Paramedic <input type="checkbox"/> Other (specify):	
<b>Test Administrator Name:</b>	<b>Signature</b>
	<b>Date Reported:</b> <input type="checkbox"/> Same as date taken

If you must fax, please provide reason:

\*If test is positive follow-up actions will need to be taken if unable to stage or if determined the client has infectious syphilis. This can include confirmation blood draw, contact tracing and additional reporting requirements.

**Please send completed forms within 24 hours to the Office of the Chief Public Health Officer electronically by secure file transfer: Click "Open Dropbox" button below to be taken to the OCPHO Outbreak SFT drop-box**

## 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 Open Dropbox 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: your\_name@gov.nt.ca

Subject: Syphilis POCT report form

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 Send to submit to OCPHO.