INITIAL ASSESSMENT, REPORT AND APPLICATION FOR A LABORATORY TEST FOR AN INDIVIDUAL SUSPECTED OF COVID-19

File no.:
Last name:
First name:
DOB:
HIN:
Sex: ☐ F ☐ M

EMBOSS HERE WITH IHC OR UTHC CARD,
IF UNAVAILABLE, ENTER LAST AND FIRST NAMES,
DATE OF BIRTH, FILE NUMBER AND SEX.

PATIENT'S COORDINATES

Village: _____ Postal code:_____
House no.: _____ Telephone:_____
E-mail: _____
☐ The individual agrees to receive test results by e-mail

IDENTIFICATION OF PRESCRIBER - Information for MUHC – To be completed if test is indicated

Last and first names: Morin, Véronique
Permit no. and function: 09-292, Physician
Region: 17-Nunavik

Return address for result:
Nunavik DPH AND health centre indicated below:
☐ Inuulitsivik (IHC) ☐ Ungava Tulattavik (UTHC)

SYMPTOMS - The patient currently has the following symptom(s) (check all that apply)

Date of onset of symptoms: yyyy / mm / dd ☐ If other symptoms, specify: _____

	Fever	Cough	Shortness of breath	Breathing difficulties	Anosmia ± ageusia	Rhinorrhea or nasal congestion	Sore throat	Abdominal pain	Nausea or vomiting	Diarrhea	Serious loss of appetite	Generalized muscle pain	Headache	Intense fatigue	Perniosis
NO	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
YES	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

ENVIRONMENTS AT RISK OF OUTBREAK – Check if patient works or is placed in one of the following

Residential setting
☐ HC
☐ Community residence
☐ RPA (Sailivik, Elders'home, M-19)
☐ CHSLD
☐ IR/FTR/RC
☐ Prison
☐ Other : _____

Workplace
☐ HC
☐ Community residence
☐ RPA
☐ CHSLD
☐ IR/FTR/RC
☐ Laboratory
☐ CLSC
☐ Prison
☐ School
☐ Day-care
☐ Other : _____

Screening in the context of an outbreak ☐ NO ☐ YES

IN THE LAST 14 DAYS

Contact with a traveler in quarantine? ☐ NO ☐ YES
Contact with a COVID19 case confirmed by public health? ☐ NO ☐ YES
Has the patient travelled outside Québec? ☐ NO ☐ YES

COVID-19 HISTORY

Vaccination COVID19	☐ None ☐ Last dose received > 14 days ☐ Last dose received ≤ 14 days Dose #1 on : yyyy / mm / dd Dose #2 on : yyyy / mm / dd
☐ Suspicion of reinfection - Has already tested positive for COVID-19 more than 90 days ago on : yyyy / mm / dd ☐ Has already tested positive for COVID-19 in the last 90 days on : yyyy / mm / dd	

SPECIMEN – For nurse's use: check all that apply

☐ **Not retained for test**

☐ **Retained for test** *(refer to "Testing indications and Clinical decision-making algorithm")*

Date and time of specimen : yyyy / mm / dd at hh : mm ☐ Taken in Montreal ☐ Post-mortem

	☐ **Standard test**		☐ **ID NOW test**[1]
Type of test	☐ Regular test ☐ IMMEDIATE test	☐ Confirmation test (reserved to laboratory)	Result : ☐ Negative[2] ☐ Positive ☐ Not valid
Type of specimen	☐ Nasopharyngeal ☐ Gargle ☐ Throat and nasal (if nasopharyngeal impossible) ☐ Other: _____		☐ Throat (=back of the throat and the 2 tonsils) and 2 nostrils

Not tested for the following reason : ☐ Patient refused ☐ No show ☐ Contra-indication ☐ Other : _____

[1] *The ID NOW test has to be done in addition to the standard test. Please fill the « ID NOW test» section page 3.*
[2] *A negative ID NOW result alone is not enough to end an isolation.*

Last name: _____
First name: _____
DOB: _____
File no.: _____

ISOLATION

☐ Home isolation: conditions discussed and information provided	☐ Hospitalization
☐ Home isolation impossible: call COVID MD to organize alternative housing	

INDICATION FOR TEST - Check all that led to an indication M

Validation of recovery			☐ M19
Graft/donor			☐ M4
Patient in hospital (including family escorts)	Symptoms	☐ Acute-care setting[1]	☐ M1
	No symptoms	☐ Admission to acute care[1]	☐ M8
		☐ Chemotherapy/radiology	☐ M10
		☐ Pre-intubation	☐ M11
		☐ Pre-bronchoscope	☐ M12
		☐ Graft/donor	☐ M4
User (CHSLD, elders' home, IR-FTR)	Symptoms	☐ Placement in CHSLD/elders' home	☐ M2
Population/ community	Symptoms	Travel outside the region within the 14 days preceding onset of symptoms: ☐ No (monitoring) ☐ Yes - Date of last day of travel: yyyy / mm / dd	☐ M7
	No symptoms	☐ Program to control entry Date of return to North: yyyy / mm / dd	☐ Health worker ☐ Ullivik patient ☐ Environment at risk ☐ Police officer ☐ Air Inuit employee ☐ Construction worker ☐ Other (authorized by PH) — ☐ M18
Health worker	Symptoms	Place: _____	☐ M3
	No symptoms	☐ Systematic testing (excluding control of entry)	☐ M17
		☐ Transfer in zone	☐ M20
Vulnerable clientele	No symptoms	☐ Admission to residential resource (CHSLD, elders' home, IR-FTR, etc)	☐ M9
		☐ Integration into living environment (shelter, prison, youth centre, etc)	☐ M16
Outbreak/ prevalence study[2]	No symptoms	☐ School ☐ Day-care	☐ M15
		☐ Workplace (other than health workers)	☐ M14
	Care/lodging (with or without symptoms)	☐ Personnel	☐ M5
		☐ User	☐ M6
Close contact, with recommendation from Public Health[3]			☐ M13
Other indication prescribed by Public Health			☐ M21
Other indication not specified or not documented			☐ M22

Nurse's notes: _____

_____

_____

Name of physician on duty for Public Health if consulted: _____

_____ _____

Name and signature of nurse who filled out assessment/specimen — Date

[1] Acute care includes surgery (including outpatient surgery), medicine, geriatrics, pediatrics, psychiatry, obstetrics, pre-operation, etc.
[2] An outbreak must be reported to the RDPH before the clinician checks the indication "Outbreak/prevalence study."
[3] Assessment of the risk level of a contact is performed by the RDPH. Before choosing this indication, verify the information with RDPH.

COPY TO BE SENT TO surveillance.vigie.nrbhss@ssss.gouv.qc.ca

Last name: _____
First name: _____
DOB: _____
File no.: _____

ID NOW TEST

Initial result	Retake (if needed)
Basic reagent | Expiry date : yyyy / mm / dd	Basic reagent | # lot : _____
Cartridge reagent | # lot : _____ Expiry date : yyyy / mm / dd	Cartridge reagent | # lot : _____ Expiry date : yyyy / mm / dd
(apply result label here)	(apply result label here)

	IHC		UTHC	
Location of test	☐ Kuujjuaraapik ☐ Umiujaq ☐ Inukjuak ☐ Puvirnituq	☐ Akulivik ☐ Ivujivik ☐ Salluit	☐ Kangiqsujuaq ☐ Quaqtaq ☐ Kangirsuk ☐ Aupaluk	☐ Tasiujaq ☐ Kuujjuaq ☐ Kangiqsualujjuaq
	☐ Travelers' clinic			

Name of the professional who performed the ID NOW analysis : _____

☐ Result to be sent to surveillance.vigie.nrbhss@ssss.gouv.qc.ca on yyyy / mm / dd at hh : mm

APPENDICES

Postal codes in Nunavik			
Kangiqsualujjuaq	J0M 1N0	Salluit	J0M 1S0
Kuujjuaq	J0M 1C0	Ivujivik	J0M 1H0
Tasiujaq	J0M 1T0	Akulivik	J0M 1V0
Aupaluk	J0M 1X0	Puvirnituq	J0M 1P0
Kangirsuk	J0M 1A0	Inukjuak	J0M 1M0
Quaqtaq	J0M 1J0	Umiujaq	J0M 1Y0
Kangiqsujuaq	J0M 1K0	Kuujjuaraapik	J0M 1G0

Coordinates of Public Health	
On call doctor	1 (855) 964-2244 or 1 819 299-2990

COPY TO BE SENT TO surveillance.vigie.nrbhss@ssss.gouv.qc.ca