



SARS-COV-2 SEROLOGY REQUEST FORM

For evaluation of possible Multisystem Inflammatory Syndrome in Children (MIS-C)

INSTRUCTIONS

- This form is confidential when completed.
 - Are you requesting serology as part of an evaluation for Multisystem Inflammatory Syndrome in Children (MIS-C) at BCCH?
 - If YES, then page the Medical Microbiologist on call to discuss the case and obtain approval. Once approval obtained, fill out this form and send by secure email to misc@cw.bc.ca.*
 - If NO, then page the Medical Microbiologist on call to discuss the case and obtain approval.
- *MIS-C is a legally reportable condition. If patient meets case definition criteria, the content of this form will be included in case report form at the time of reporting by BC Children's Hospital.

HEALTHCARE PROVIDER REQUESTING SEROLOGY/PROVIDING CASE INFORMATION

Hospital/clinic name: _____			
Physician Name: _____	Phone Number: _____	-	ext. _____
Email: _____	Fax Number: _____	-	ext. _____
Date of serology request: _____ <small>YYYY / MM / DD</small>	Name of medical microbiologist case discussed with: _____		

A) CASE PERSONAL INFORMATION

Name: _____ <small>Last First Middle</small>	
Date of Birth: _____ <small>YYYY / MM / DD</small>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Unknown
Health Card Number: _____	Alternate Name(s): _____
Address: _____ <small>Unit # Street # Street Name City</small>	
Postal Code: _____	Province: _____ Country of Residence (if not Canada): _____

B) INDEGINOUS INFORMATION

Do you self-identify as an Indigenous Person?

Asked, not provided No Non-BC Resident Yes

Indigenous Identity: Asked, but unknown Asked, not provided First Nations

First Nations and Inuit First Nations and Métis First Nations, Inuit and Métis Inuit

Inuit and Métis Métis Not asked

First Nations Status: Asked, but unknown Asked, not provided Non-Status Indian

Not Asked Status Indian

Indigenous Organization: _____

C) COMORBIDITIES / PAST HISTORY

Does the case have a chronic disease or comorbidity? Yes No Not assessed

If yes, specify 1: _____

specify 2: _____

specify 3: _____

D) COVID-19 EXPOSURE

Was the case in close contact with a laboratory confirmed or probable or epi-linked probable COVID-19 case? Yes No Unknown

If yes:

Name <i>Last, First</i>	PHN	First Contact Date or Sustained Contact YYYY / MM / DD	Last Contact Date YYYY / MM / DD	Contact Setting (e.g., household)
		<input type="checkbox"/> Sustained contact		
		<input type="checkbox"/> Sustained contact		
		<input type="checkbox"/> Sustained contact		

E) SIGNS AND SYMPTOMS AT PRESENTATION

Onset of earliest symptom: _____ / _____ / _____
YYYY MM DD

Presentation	Yes	No	Unknown	Not Assessed
Fever If yes, duration of fever: _____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Features of hypotension or shock				
Shock (hypotension, tachycardia, prolonged capillary refill time, pale/mottled skin, cold extremities, or urinary output <2 mL/kg/hr)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutaneous and mucocutaneous				
Skin rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conjunctivitis (bilateral, non-purulent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral mucosal inflammation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral signs of inflammation (e.g. erythema and edema or peeling of hands and/or feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal				
Acute abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
<i>specify1:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>specify2:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>specify3:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>specify4:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F) DEFINITIONS

COVID-19 Confirmed – lab case	A person with laboratory confirmation of infection with the virus that causes COVID-19 performed at a community, hospital, or reference laboratory (NML or a provincial public health laboratory) running a validated assay. This consists of detection of at least one specific gene target by a NAAT assay (e.g., real-time PCR or nucleic acid sequencing).
COVID-19 Probable – lab case	A person (who has had a laboratory test) with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough AND who meets the COVID-19 exposure criteria and in whom a laboratory diagnosis of COVID-19 is inconclusive. Visit http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-(novel-coronavirus) for COVID-19 exposure criteria.
COVID-19 Probable – epi-linked case	A person with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough AND either close contact with a confirmed case of COVID-19 or lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care facility, prison).