

Halton Region Public Health Rapid Antigen Test Report Form			
Complete one form per positive result. Submit by fax to Halton Region Public Health at 905-825-1009			
Submitter name:		Submitted date: (MM/DD/YYYY): ____/____/____	
Section 1: Testing Facility Information			
Facility name:			
Facility Address:			
Phone number:			
Type of facility testing site: <input type="checkbox"/> LTCF <input type="checkbox"/> Retirement Home <input type="checkbox"/> Other (Specify): _____			
Section 2: Patient Information:			
Last Name:		First Name:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		OHIP No:	
What is the patient's affiliation to the facility: <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Caregiver <input type="checkbox"/> Support Worker <input type="checkbox"/> Visitor		Date of Birth: (MM/DD/YYYY): ____/____/____	
Patient's Address:			City:
Province:		Postal Code:	
Phone number:			
Did the patient have any symptoms at time of testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Section 3: Test Information			
Test name: Panbio™ Rapid Antigen Test <input type="checkbox"/> Yes <input type="checkbox"/> No (If No please specify type): _____			
Specimen Type: <input type="checkbox"/> NPS (nasopharyngeal swab) <input type="checkbox"/> Combined swab of throat and both nares <input type="checkbox"/> Deep nasal swab		Test Result: <input type="checkbox"/> Detected/Positive <input type="checkbox"/> Inconclusive/Undetermined/Invalid Equivocal	
Specimen collection date (MM/DD/YYYY): ____/____/____			
Section 4: Actions taken by facility			
The individual was advised that the result is preliminary positive and PCR confirmation is required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parallel specimen for confirmation through PCR testing was obtained on-site within 24 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No OR Parallel specimen for confirmation through PCR testing was requested to be conducted within 24 hours through assessment centre: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Guidance was provided to return home and self-isolate until receipt of confirmatory lab PCR test result: <input type="checkbox"/> Yes <input type="checkbox"/> No			
The positive test result was conveyed to the Facility Administrator: <input type="checkbox"/> Yes <input type="checkbox"/> No			

COVID-19 is a disease that must be reported to Public Health. Personal health information collected on this form will be used for managing the spread of COVID-19 at your facility which includes assessing exposure and risk to others who live and work at the facility. Please fully complete the form and submit it to Halton Region as soon as possible. If you have any questions about the collection of personal health information, please call 311 or send an email to accesshalton@halton.ca