Public Health Ontario | Santé publique Ontario

For laboratory use only

Date received: yyyy / mm / dd   PHOL No.:

COVID-19 Virus Test Requisition

ALL Sections of this form must be completed at every visit

1 - Submitter Lab Number (if applicable):

Ordering Clinician (required)

Surname, First Name:

OHIP/CPSO/Prof. License No:

Address:

Postal code:

Phone: (###) ###-####   Fax: (###) ###-####

cc   Hospital Lab (for entry into LIS)

Hospital Name:

Address (if different from ordering clinician):

Postal Code:

Phone: (###) ###-####   Fax: (###) ###-####

cc   Other Clinician or ICP:

Surname, First name:

OHIP/CPSO/Prof. License No.:

Address:

Postal code:

Phone: (###) ###-####   Fax: (###) ###-####

2 - Patient Information

Health Card No.:

Medical Record No.:

Last Name:

First Name:

Date of Birth: yyyy / mm / dd   Sex: M F

Address:

Postal Code:

Patient Phone No.: (###) ###-####

Investigation / Outbreak No.:

3 - Travel History

Travel to:

Date of Travel: yyyy / mm / dd   Date of Return: yyyy / mm / dd

4 - Exposure History

Exposure to probable, or confirmed case?   Yes   No

Exposure details:

Date of symptom onset of contact: yyyy / mm / dd

5 - Test(s) Requested

COVID-19 Virus

Respiratory viruses check **ONLY** if required for hospitalized patient or those in group setting)

6 - Specimen Type (check all that apply)

Specimen Collection Date: yyyy / mm / dd **(required)**

NPS in UTM

Throat Swab in UTM

Other (Specify):

If possible:

BAL

Sputum

7 - Patient Setting / Type

Assessment Centre   Family doctor / clinic   Outpatient / ER not admitted

Only if applicable, indicate the group:

Healthcare worker

Inpatient (hospitalized)

Inpatient (ICU / CCU)

First Nations / Inuit

Unhoused / shelter

ER - to be hospitalized

Deceased / Autopsy

Institution / all group living settings

Confirmation (for use **ONLY** by a COVID testing lab). Enter your result (NEG/POS/ or IND)

For clearance of disease

Other (Specify):

8 - Clinical Information

Asymptomatic   Symptomatic

Date of symptom onset: yyyy / mm / dd

Fever / temperature, if known:

Pregnant / also check if in labour:

Other (specify):

Pneumonia

Cough

Sore Throat

CONFIDENTIAL WHEN COMPLETED

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36(1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO laboratory Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. *Form No. F-SD-SCG-4000 (04/13).*

Ontario