

For laboratory use only
PHO Laboratory No.:

SARS-CoV-2 Variant of Concern (VOC) Screening Public Health Ontario Laboratory Information Form

ALL Sections of this form must be completed.

<p>1 - Indication for SARS-CoV-2 Variant (VOC) Screening: at least one of the criteria below must be met*:</p> <p>SARS-CoV-2 infection (symptomatic or asymptomatic) during international travel (including the United States) or within 14 days of entry to Canada.</p> <p>Symptoms (if applicable):</p> <p>Symptom onset date (yyyy/mm/dd):</p> <p>Specific country of travel:</p> <p style="padding-left: 20px;">UK South Africa</p> <p style="padding-left: 20px;">Other Countries (provide details):</p> <p>SARS-CoV-2-positive contacts of recent international travelers.#</p> <p style="padding-left: 20px;">Countries (provide details):</p> <p>SARS-CoV-2 positive contacts of cases with confirmed SARS-CoV-2 VOC infection.</p> <p>Suspected reinfection[§]</p> <p>Multitarget PCR assay e.g. Thermo Fisher (TaqPath), with S gene dropout (S gene negative) and other gene target/s positive with Ct <30.</p> <p>Severe (i.e. requiring ICU admission or ICU level of care) acute COVID-19 in individuals <50 years old without significant comorbidities.</p> <p>Vaccinated individuals with subsequent laboratory-confirmed SARS-CoV-2 infection, with symptom onset (or test date if asymptomatic) >14 days post first dose, or any time after second dose of vaccine.</p> <p>Known or suspected super spreading events[‡]</p> <p>Outbreak number if available:</p> <p><i>NOTE: Up to 3 specimens from individual super spreading events may be submitted for VOC screening.</i></p> <p>If none of the criteria are met, contact PHO Laboratory Customer Service Centre at 1-877- 604-4567 or 416-235-6556 for testing approval for “Other reasons” prior to submission.</p> <p style="padding-left: 20px;">Other reason for requesting SARS-CoV-2 VOC screening</p> <p style="padding-left: 20px;">Provide details:</p> <p>Approving PHO Laboratory microbiologist:</p>	<p>2 - Patient Identifier:</p> <p>Full Name (enter first and last name):</p> <hr/> <p>Complete at least one below which must match specimen label:</p> <p>Health Card number:</p> <p>Date of Birth (yyyy/mm/dd):</p> <p>Other unique ID number:</p> <p>Collection Date (yyyy/mm/dd):</p> <hr/> <p>3 - Date of SARS-CoV-2 positive test (must be provided)</p> <p>Date of SARS CoV-2 positive test (yyyy/mm/dd):</p> <p>Date of SARS CoV-2 Variant Screen Request (yyyy/mm/dd):</p> <hr/> <p>4 - Specimen Location at Time of Request</p> <p>PHO Laboratory; if yes enter PHO Laboratory Specimen ID number:</p> <p>OR</p> <p>Non-PHO Laboratory:</p> <p>Submitting Lab name:</p> <p>Submitting Lab address:</p> <p>Submitting Lab specimen Ct value (if available):</p> <hr/> <p>5 - Requesting Healthcare Provider</p> <p>Name:</p> <p>CONTACT PHONE (MANDATORY):</p> <p><i>Note: Phone number MUST BE DIRECT LINE OR CELL PHONE OF ORDERING CLINICIAN.</i></p> <p>Email contact information (optional):</p>
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6 - Footnotes

* Specimen cycle threshold (Ct) value must be ≤ 30 to ensure adequate viral load, which is required for successful gene sequencing.

Contact with the international traveler occurred within 14 days of the traveler's entry to Canada.

\$ Reinfection is defined as clinical recurrence of symptoms compatible with COVID-19, accompanied by positive PCR (Ct $<$ 35), more than 90 days after the onset of the primary infection, supported by close contact exposure or outbreak settings, and no evidence of another cause of infection.

‡ A superspreading event is a type of outbreak where there is additional epidemiological and/or genomic evidence of one person with overdispersed transmission of COVID-19, (i.e., directly transmitting to at least five non-household individuals).

7 - Additional Notes

1. If submitting a SARS-CoV-2-positive specimen that was tested at a non-PHO Laboratory, submit the following to your nearest [PHO Laboratory](#):
 - this form,
 - 1ml (minimum volume 500ul) of specimen maintained at refrigeration temperature (**freeze if anticipated transport time to laboratory is >72 hours**), and;
 - a copy of the original [COVID-19 PCR Test Requisition](#)
2. If requesting to add SARS-CoV-2 variant screening to a positive specimen already tested at PHO Laboratory, **fax** this completed form to **PHO Laboratory Customer Service Centre at 416-235-6552**. Alternatively, the information can be provided by phone (see 3. below for contact information).
3. For further information, please contact the **PHO Laboratory Customer Service Centre at 1-877- 604-4567 or 416-235-6556**.

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-CSC-010 (21/01/22).*