Completing the COVID-19 Virus Test Requisition

It is critically important to use a *current version of the Public Health Ontario COVID-19 Virus Test Requisition for all COVID-19 tests. Be sure to **complete all fields that apply.** Accurate submitter and patient information are both required to ensure clinicians, public health units and patients receive timely results. Timely results support patient management and contact tracing. *To be sure you are using a current test requisition register to be notified of revisions and updates or download your requisition directly from the Public Health Ontario website.

Section 1

Box 1: Ordering Clinician (Required)

- Clinician must be a qualified medical doctor, or nurse practitioner

- Provide the ordering provider's professional license number; available from CPSO, College of Nurses of Ontario, or by request through E Health Ontario's practitioner abstract

- Enter a fax number for test result delivery

- Contact PHO's Customer Service Centre at CustomerServiceCentre@oahpp.ca to validate your fax number and register to receive results by fax as soon as they are authorized and released by a technologist

- Failure to provide a validated fax number will result in report delivery by Canada Post

- For specimens collected at an assessment centre affiliated with a Hospital Laboratory, complete the **'cc Hospital Lab'** section along with a fax number for that laboratory to receive results

Box 2: Hospital Lab (for entry to LIS)

This box is not applicable for most institution testing. Complete it if the specimen collection is associated with a hospital, AND the hospital laboratory requires a copy of the test results from that assessment centre.

Box 3: cc 'Other Authorized Health Care Provider:

Complete this section if you require test results to go to another qualified provider that is different from the Ordering clinician; e.g. patient's primary care provider or a long-term care home's medical director. As in **Box 1**, contact CustomerServiceCentre@ohapp.ca to validate the fax number.

cc ☐	Other Authorized Health Care Provider:
Surname, First name:	
OHIP/CPSO/Prof. License No.:	
Name of clinic/facility/health unit:	
Address:	Postal code:
Phone:	Fax:

Section 2:

Patient Information

- Include, the patient's full name, date of birth, Health Card Number (HCN) or other unique identifier.

- This information must match the specimen label to avoid rejection by the laboratory.

- First and Middle Names may be entered in the 'First Name' section

- The information should match the information on the patient's Health Card (if available).

- If an HCN is not available, enter a unique Medical Record Number.

- Provide the patient's current full address with postal code. Include patient's phone number or their shared living facility's phone number.

- Include an Investigation Number or Outbreak number if applicable for the individual being tested (e.g. if the individual was provided with an Investigation Number or Outbreak Number for use).

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 or Outbreak No.:	

Sections 6, 7, and 8

Specimen Type

- Select the type of specimen collected from the patient.

- Once the specimen is collected, add the specimen collection date to the requisition. This step is very important to ensure the most accurate interpretation of the test results.

Patient Setting/Type*

Select where the specimen was collected and/or where patient resides if setting is an institution or group living setting.

Clinical Information

- Select if patient is asymptomatic or symptomatic;

- If symptomatic, enter date of symptom onset, select all symptoms they have, enter any 'other (specify)'

Additional notes

The following steps are recommended to reduce errors and help with correct transfer of information:

1. **Mass swabbing campaigns:** Complete common information on the requisition before testing is planned to begin (e.g., submitter/ordering clinician information and INV#). Then use as a template and copy one for each patient.

2. **Printed labels:** Prepare printed labels with the required patient information to put on the requisition and specimen container when the specimen is collected. Information on the printed label must match the information on the requisition, and must include at least the full name of the patient and one other unique identifier, such as health card number or date of birth. **Discrepancies and incomplete information will result in specimen rejection**.

Resources

For general questions about COVID-19 testing please refer to resources from the Ministry of Health and the Ministry of Long-Term Care. Public Health Ontario has a Coronavirus Test Information Sheet for specimen collection, testing and reporting information.

Public Health Ontario is an agency of the Government of Ontario.