Public Santé Health publique Ontario Ontario

onset (yyyy/mm/dd):

Sore Throat

COVID-19 and Respiratory Virus Test Requisition

For laboratory use only	
Date received	PHOL No.:
(yyyy/mm/dd):	

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1 - Submitter Lab Number (if applicable):		2 - Patient Information				
Ordering Clinician (require	ed)		Health Card No.:	1	Medical Reco	rd No.:
Surname, First Name:			Last Name:			
OHIP/CPSO/Prof. License N	No:		Last Name.			
Name of clinic/ facility/health unit:			First Name: Date of Birth			
Address:	Po	ostal code:	(yyyy/mm/dd):		Sex:	M F
Phone:	Fa	ax:	Address:			
cc Hospital Lab (for	entry into LIS)		Postal Code:		Patient Phon	e No.:
Hospital Name:			Investigation or Outbrea	ık No.:		
Address (if different from ordering clinician):			3 - Travel History			
Postal Code:			Travel to:			
Phone:	Fa	ax:	Date of Travel (yyyy/mm/dd):		Date of Retu (yyyy/mm/dd	
cc Other Authorized	Health Care Provid	er:	4 - Exposure Histo	ory		•
Surname, First name:			Exposure to probable, or confirmed case?	Ye	es	No
OHIP/CPSO/Prof. License N	No.:		Exposure details:			
Name of clinic/ facility/health unit:			Date of symptom onset	of contact (y	yyy/mm/dd):	
Address:	Postal code:		5 - Test(s) Requested			
Phone:	Fax:		COVID-19 Virus	Respirat Viruses	Respiratory COVID-19 Virus Firuses AND Respirator Viruses Viruses	
6 - Specimen Type (che	ck all that apply)		7 - Patient Setting	g / Type		
Specimen Collection Date	,	(required)	Assessment Centre	Family doctor	/ clinic	Outpatient / ER not admitted
NPS	Throat Swab	Saliva (Swish & Gargle)	Only if applicable, indicate the group:			
Deep or Mid-turbinate	Throat + Nasal	Saliva (Neat)	ER - to be hospitaliz	zed	Deceased	/ Autopsy
Nasal Swab	BAL	Anterior Nasal (Nose)	Healthcare worker		Institution /	all group living
Oral (Buccal) + Deep Nasal	Other (Specify):		Inpatient (Hospitaliz	zed)	Facility Name:	
8 - COVID-19 Vaccination Status		Inpatient (ICU / CCU) Confirmation (for use ONLY				
Received all required Unimmunized / partial series / ≤14 days after Unknown final dose		by a COVID testing lab). Remote Community Enter your result (NEG / POS / or IND):		D testing lab). result		
9 - Clinical Information	า		Unhoused / Shelter		(,
Asymptomatic	Fever	Pregnant	Other (Specify):			
Symptomatic	Pneumonia	Other (Specify):	CONFIDENTIAL WHEN			
Date of symptom	Cough		The personal health information Health Information Protection			

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 (21/07/22).