

COVID-19 Virus Test Requisition

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

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
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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)
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7 - Patient Setting / Type

Assessment Centre	Family doctor / clinic	Outpatient / ER not admitted
Only if applicable, indicate the group:		
Healthcare worker	Institution / all group living settings	
Inpatient (hospitalized)	Confirmation (for use ONLY by a COVID testing lab). Enter your result (NEG/POS/ or IND)	
Inpatient (ICU / CCU)		
First Nations / Inuit		
Unhoused / shelter	For clearance of disease	
ER - to be hospitalized	Other (Specify):	
Deceased / Autopsy		

6 - Specimen Type (check all that apply)

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

NPS in UTM	If possible:
Throat Swab in UTM	BAL
Other (Specify):	Sputum

8 - Clinical Information

Asymptomatic	Symptomatic
Date of symptom onset: yyyy / mm / dd	
Fever / temperature, if known:	Pneumonia
Pregnant / also check if in labour:	Cough
	Sore Throat
Other (specify):	

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).