

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.:
 Name of clinic/facility/health unit:
 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 Authorized Health Care Provider:

Surname, First name:
 OHIP/CPSO/Prof. License No.:
 Name of clinic/facility/health unit:
 Address: Postal code:
 Phone: Fax:

6 - Specimen Type (check all that apply)

Specimen Collection Date (yyyy/mm/dd):	(required)	
NPS	Throat Swab	Saliva (Swish & Gargle)
Deep or Mid-turbinate Nasal Swab	Throat + Nasal	Saliva (Neat)
	BAL	Anterior Nasal (Nose)
Other (Specify):		

8 - COVID-19 Vaccination Status

Received all required doses >14 days ago	Unimmunized or not fully immunized	Unknown
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9 - Clinical Information

Asymptomatic	Fever	Pregnant
Symptomatic	Pneumonia	Other (Specify):
Date of symptom onset (yyyy/mm/dd):	Cough	Sore Throat

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.:	

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 a 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:		
ER - to be hospitalized	Deceased / Autopsy	
Healthcare worker	Institution / all group living settings	
Inpatient (Hospitalized)	Facility Name:	
Inpatient (ICU / CCU)	Confirmation (for use ONLY by a COVID testing lab). Enter your result (NEG / POS / or IND):	
Remote Community		
Unhoused / Shelter		
Other (Specify):		