

SARS –CoV-2 Variant of Concern Testing/Whole Genome Sequencing Public Health Ontario Laboratory Information Form

ALL Sections of this form must be completed.

1 - Indication for SARS-CoV-2 supplemental testing (check all that apply)	2 - Patient Information	
<p>No VOC mutation testing done (for N501Y / E484K multiplex).</p> <p>Only N501Y VOC mutation testing performed:</p> <p style="padding-left: 40px;">N501Y Detected (for N501Y / E484K multiplex)</p> <p style="padding-left: 40px;">N501Y Not detected (for WGS surveillance)</p> <p>N501Y / E484K VOC mutation testing performed:</p> <p style="padding-left: 40px;">E484K Detected (for routine WGS)</p> <p style="padding-left: 40px;">E484K Not detected (for WGS surveillance)</p> <p>International travel - SARS-CoV-2 infection during international travel (including the United States) or within 14 days of entry to Canada (for routine WGS).</p> <p style="padding-left: 40px;">Travel country / ies, specify:</p> <p>Vaccinated individuals with subsequent laboratory confirmed SARS-CoV-2 infection >14 days after receipt of the final dose of vaccine or immunization series completion (for routine WGS).</p> <p>Outbreak / suspected super spreading event* – two specimens per outbreak / event (for routine WGS).</p> <p>Other (for routine WGS) specify:</p>	Health Card No.:	Other unique ID#:
	Last Name:	
	First Name:	
	Date of Birth (yyyy/mm/dd):	Sex: M F
	Address:	
	Postal Code:	Patient Phone No.:
	Investigation or Outbreak No.:	
	3 - Specimen Location at Time of Request	
	PHO Laboratory; if yes enter PHO Laboratory Specimen ID number:	
	OR	
	Non-PHO Laboratory:	
	Submitting Lab director:	
	Submitting Lab name:	
	Submitting Lab address:	
	CC: Requesting Authorized Healthcare Provider	
	Name:	
	OHIP CPSO Prof. License No.:	
	Address:	
	Fax number:	
5 - Special Requests <p>If none of the indications for SARS-CoV-2 whole genome sequencing are met, contact PHO Laboratory Customer Service Centre at 1-877- 604-4567 or 416-235-6556 for testing approval for "Special request" prior to submission.</p> <p>Special request approved by Public Health Ontario</p> <p style="padding-left: 40px;">Partially vaccinated individuals with subsequent laboratory confirmed SARS-CoV-2 infection >14 days after receipt of the first dose of a 2-dose vaccine.</p> <p style="padding-left: 40px;">Suspected reinfection⁵</p> <p style="padding-left: 40px;">Outbreak specimens for phylogenetic analysis</p> <p style="padding-left: 40px;">Other (Specify):</p> <p>WGS ID assigned:</p> <p>Non-PHO lab specimen ID (if applicable):</p> <p>Provide details:</p> <p>Approving PHO Laboratory microbiologist:</p>	4 - Specimen Information	
	Submitting Lab specimen Ct value (required*):	
	Date of SARS-CoV-2 positive test (yyyy/mm/dd):	(required)
	Collection Date: (yyyy/mm/dd):	
	Specimen Type (check all that apply):	
	NPS	BAL
	Deep or Mid-turbinate Nasal Swab	Saliva (Swish & Gargle)
	Throat Swab	Saliva (Neat)
	Throat + Nasal	Anterior Nasal (Nose)
	Other (Specify):	



6 - Footnotes

- * For Variant of Concern mutation testing specimen SARS-CoV-2 PCR cycle threshold (Ct) value must be ≤ 35 to ensure adequate viral load. For Whole Genome Sequencing specimen VOC PCR cycle threshold (Ct) value must be ≤ 30 .
- § Reinfection is defined as clinical recurrence of symptoms compatible with COVID-19 as per the current public health [case definitions](#).
- ‡ 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**)
2. If requesting to add SARS-CoV-2 Whole Genome Sequencing 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 (21/04/16).