

**For laboratory use only**  
PHO Laboratory No.:

# SARS-CoV-2 Variant of Concern Testing/ Whole Genome Sequencing Requisition

**ALL Sections of this form must be completed.**

<p><b>1 - Indication for SARS-CoV-2 supplemental testing</b></p> <p>VOC mutation PCR testing requested<sup>1</sup></p> <p><b>OR</b></p> <p>Whole Genome Sequencing requested<sup>2</sup></p> <hr/> <p><b>Below, please check all that apply.</b></p> <p>Representative Surveillance<sup>3</sup></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).<sup>4</sup></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 vaccine (for routine WGS)<sup>5</sup></p> <p style="padding-left: 40px;">After first dose of two dose series (partially vaccinated)</p> <p style="padding-left: 40px;">After final dose (fully vaccinated)</p> <p>Outbreak / suspected super spreading event – two specimens per outbreak / event (for routine WGS).<sup>6</sup></p> <p>Other (Specify):<sup>7</sup></p>	<p><b>2 - Patient Information<sup>8</sup></b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Health Card No.:</td> <td style="width: 50%;">Other unique ID#:</td> </tr> <tr> <td colspan="2">Last Name:</td> </tr> <tr> <td colspan="2">First Name:</td> </tr> <tr> <td>Date of Birth (yyyy/mm/dd):</td> <td>Sex:      M      F</td> </tr> <tr> <td colspan="2">Address:</td> </tr> <tr> <td>Postal Code:</td> <td>Patient Phone No.:</td> </tr> <tr> <td colspan="2">Investigation or Outbreak No.:<sup>9</sup></td> </tr> </table> <p><b>3 - Specimen Location at Time of Request</b></p> <p><b>PHO Laboratory; if yes enter PHO Laboratory Specimen ID number:</b></p> <p><b>OR</b></p> <p><b>Non-PHO Laboratory:<sup>10</sup></b></p> <p>Submitting Lab director:</p> <p>Submitting Lab name:</p> <p>Submitting Lab address:</p> <p><b>CC: Requesting Authorized Healthcare Provider<sup>11</sup></b></p> <p>Name:</p> <p>OHIP   CPSO   Prof. License No.:</p> <p>Address:</p> <p>Fax number:</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.: <sup>9</sup>	
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Address:															
Postal Code:	Patient Phone No.:														
Investigation or Outbreak No.: <sup>9</sup>															
<p><b>5 - Special Requests (For non routine requests only)</b></p> <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:<sup>14</sup></p> <p style="padding-left: 40px;">Suspected reinfection</p> <p style="padding-left: 40px;">Outbreak specimens for phylogenetic analysis</p> <p style="padding-left: 40px;">Other (Specify):</p> <p>WGS ID assigned:<sup>15</sup></p> <p>Non-PHO lab specimen ID (if applicable):</p> <p>Provide details:</p> <p>Approving PHO Laboratory microbiologist:</p>	<p><b>4 - Specimen Information</b></p> <p>PCR gene target:<sup>12</sup></p> <p>Submitting Lab specimen Ct value (required):<sup>12</sup></p> <p>Date of SARS-CoV-2 positive test (yyyy/mm/dd): (required)</p> <p>Collection Date (yyyy/mm/dd):</p> <p><b>Specimen Type (check all that apply):<sup>13</sup></b></p> <table style="width: 100%;"> <tr> <td>NPS</td> <td>BAL</td> </tr> <tr> <td>Deep or Mid-turbinate Nasal Swab</td> <td>Saliva (Swish &amp; Gargle)</td> </tr> <tr> <td>Oral (Buccal) + Deep Nasal</td> <td>Saliva (Neat)</td> </tr> <tr> <td>Throat Swab</td> <td>Anterior Nasal (Nose)</td> </tr> <tr> <td>Throat + Nasal</td> <td>Other (Specify):</td> </tr> </table>	NPS	BAL	Deep or Mid-turbinate Nasal Swab	Saliva (Swish & Gargle)	Oral (Buccal) + Deep Nasal	Saliva (Neat)	Throat Swab	Anterior Nasal (Nose)	Throat + Nasal	Other (Specify):				
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Throat + Nasal	Other (Specify):														

## Notes and Footnote Instructions

- If specimen is already at PHOL and this is an add-on request, enter PHOL specimen ID (Section 3) and fax to PHO Laboratory Customer Service Centre at 416-235-6552
- 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)

### Section 1 – Indication for SARS-CoV-2 supplemental testing

1. Check when requesting VOC PCR testing and SARS-CoV-2 Ct is  $\leq 35$
2. Check when requesting whole genome sequencing and VOC PCR Ct is  $\leq 30$
3. Check when requesting Whole Genome Sequencing (WGS) for specimens selected for representative surveillance based on the provincial sampling strategy (e.g. 10%, 50%, 100% sampling of all positives with VOC PCR Ct  $\leq 30$  regardless of VOC mutation results, international travel, vaccination, or outbreak status). If specimen is selected for representative surveillance and the individual has travel, vaccination, or outbreak indicated, check boxes 3, 4, and 5 (when applicable) in addition to this box
4. Check when requesting WGS for international travelers
5. Check when requesting WGS for post-vaccination cases and indicate partial or fully vaccinated status
6. Check when requesting WGS for outbreak or suspected super spreading event, defined as 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). Enter outbreak number under 'Investigation or Outbreak No.:
7. Enter other requests such as K417N/T VOC PCR for outbreak or hospitalized patients that are N501Y and E484K positive

### Section 2 – Patient Information

8. Complete this section as fully as possible, minimum information required includes Last Name, First Name, Date of Birth and Health Card Number (if available)
9. Enter investigation or outbreak number if available. Make sure number is accurate and current if pre-populated photocopies of this requisition are used

### Section 3 – Specimen Location at Time of Request

10. Complete if specimen is submitted by **non-PHO Laboratory** for VOC PCR or WGS
11. Requesting clinician must be authorized to order laboratory tests in Ontario. Minimal information required includes Name and CPSO number

### Section 4 – Specimen Information

12. If requesting VOC PCR testing, enter one SARS-CoV-2 PCR gene target if multiple targets are tested (e.g. E / RdRp / N / S), choose the lowest Ct value (must be  $\leq 35$ ). If requesting WGS, enter one VOC PCR target (e.g. N501Y / E484K) with lowest Ct value (must be  $\leq 30$ )
13. Check specimen type and indicate transport media next to 'Other' if not submitting in original collection tube

### Section 5 – Special Requests

14. Check reason for WGS request. Only lineage results will be provided unless phylogenetic analysis is requested and approved.
15. Note special request must be assigned a WGS ID or approved by PHO Laboratory microbiologist. Please submit request through PHO Laboratory Customer Service Centre at 1-877-604-4567 or 416-235-6556 to obtain a WGS ID

## 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 (21/08/25).