## For laboratory use only

Date received: yyyy / mm / dd PHOL No.:

ALL Sections of this form must be completed at every visit

## **COVID-19 Virus Test Requisition**

## 2 - Patient Information 1 - Submitter Lab Number (if applicable): Health Card No.: Medical Record No.: **Ordering Clinician (required)** Surname, First Name: Last Name: OHIP/CPSO/Prof. License No: First Name: Address: Date of Birth: yyyy / mm / dd Sex: Postal code: Address: Phone: (###) ###-### Fax: (###) ###-#### Patient Phone No.: CC Hospital Lab (for entry into LIS) Postal Code: (###) ###-### Hospital Name: Investigation / Outbreak No.: Address (if different from ordering clinician): 3 - Travel History Travel to: Postal Code: Phone: (###) ###-### Fax: (###) ###-### Date of Return: yyyy / mm / dd Date of Travel: yyyy / mm / dd 4 - Exposure History Other Clinician or ICP: CC Exposure to probable, Yes No Surname, First name: or confirmed case? OHIP/CPSO/Prof. License No.: Exposure details: Address: Date of symptom onset of contact: yyyy / mm / dd 5 - Test(s) Requested Postal code: Respiratory viruses check **ONLY** COVID-19 Virus if required for hospitalized Phone: (###) ###-### Fax: (###) ###-### patient or those in group setting) 7 - Patient Setting / Type 6 - Specimen Type (check all that apply) Assessment Outpatient / ER Family Specimen Collection Date: yyyy / mm / dd (required) doctor / clinic Centre not admitted NPS in UTM If possible: Only if applicable, indicate the group: Healthcare worker Institution / all group living Throat Swab in UTM BAL settings Inpatient (hospitalized) Other Sputum Confirmation (for use ONLY (Specify): by a COVID testing lab). Enter Inpatient (ICU / CCU) your result (NEG/POS/ or IND) 8 - Clinical Information First Nations / Inuit Asymptomatic Symptomatic For clearance of disease Date of symptom onset: yyyy / mm / dd Unhoused / shelter Fever / temperature, Other (Specify): Pneumonia ER - to be hospitalized if known: Cough Pregnant / also check if Deceased / Autopsy in labour: Sore Throat **CONFIDENTIAL WHEN COMPLETED** The personal health information is collected under the authority of the Personal Health Other (specify):



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).

