Public Health Ontario | Santé publique Ontario

# COVID-19 and Respiratory 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:

## 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):

## 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 | COVID-19 Virus AND Respiratory Viruses

## 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) |
| Oral (Buccal) + Deep Nasal | Other (Specify): | |

## 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): | |

## 8 - COVID-19 Vaccination Status

Received all required doses >14 days ago | Unimmunized / partial series / ≤14 days after final dose | Unknown

## 9 - Clinical Information

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

**CONFIDENTIAL WHEN COMPLETED**

The personal health information is collected under the authority of the *Personal Health Information Protection Act,* 2004, s.36 (1)(c)(iii) for the purposes specified in the *Ontario Agency for Health Protection and Promotion Act,* 2007, s.1 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-4000 version 006.1 (August 2024).

Ontario