Public Health Ontario | Santé publique Ontario

For laboratory use only
Date received: yyyy / mm / dd   PHOL No.:

COVID-19 Virus Test Requisition

ALL Sections of this form must be completed at every visit

1 - Submitter

Name
Address
City & Province
Postal Code

Submitter lab no. number (if applicable):

Clinician initial / Surname and OHIP / CPSO Number

Telephone: (###) ###-####   Fax: (###) ###-####

cc Doctor/Qualified Health Care Provider information

Name:

Lab/Clinic Name:

CPSO Number:

Telephone: (###) ###-####   Fax: (###) ###-####

Address: Postal Code:

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.: (###) ###-####

3 - Travel History

Travel to:

Date of Travel: yyyy / mm / dd   Date of Return: yyyy / mm / dd

4 - Exposure History

Exposure to PUI, probable, or confirmed case?   Yes   No

Exposure details:

Date of return of contact (if travelled): yyyy / mm / dd   Date of symptom onset of contact: yyyy / mm / dd

5 - Test(s) Requested

COVID-19 Virus
Does this patient meet the provincial definition of person under investigation (PUI)?   Yes   No

6 - Specimen Type (check all that apply)

Specimen Collection Date: yyyy / mm / dd

Mandatory:	**If possible:**
NPS in UTM and Throat Swab in UTM	BAL
	Sputum

7 - Patient Setting

Physician office/clinic	Inpatient (ICU)
ER (not admitted)	Institution
Inpatient (ward)	

8 - Clinical Information

Date of symptom onset: yyyy / mm / dd

Fever   Temperature, if known:
Cough
Sore Throat
Pneumonia
Other (specify):

9 - Will the Patient Be Hospitalized?

Yes   No

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-SCG-4000 (02/20).

Ontario