

LABSTRACT – February 2020

New Test Requisition and Approval Process for COVID-19 Testing at Public Health Ontario

Audience

Healthcare providers, public health units

Overview

Effective February 10, 2020

- Public Health Ontario (PHO) Laboratory has implemented a dedicated [COVID-19 Test Requisition](#) for testing for COVID-19
- Healthcare providers are not required to phone the PHO Laboratory prior to collecting samples. Information, advice and assistance for COVID-19 testing is available through the PHO Laboratory Customer Service Centre at 416-235-6556 or 1-877-604-4567 (toll-free), or by email at customerservicecentre@oahpp.ca
- Healthcare providers should continue to contact their infection prevention and control department where applicable for guidance prior to collecting samples and for patient management.
- The local public health unit must be contacted about individuals being tested for COVID-19.

Background information

PHO Laboratory has implemented a new test requisition for COVID-2019 testing. The requisition can be found at the end of this Labstract, and has been updated to capture additional information to help determine the patient’s potential case status as a “person under investigation” (PUI), and for specimen triage critical to public health response.

The new test requisition replaces the requirement to contact the laboratory to provide clinical information, making the process for test ordering easier for healthcare providers.

Healthcare providers must contact their public health unit and inform them about patients being tested for COVID-19.

Healthcare providers must complete all fields of the [COVID-2019 Test Requisition](#) and submit with labelled specimens to the laboratory. Specimen collection, testing, and reporting information is located on the [COVID-2019 Test Information Sheet](#).

If you require expedited testing, please arrange for the specimens and requisition to be delivered to the laboratory's shipping and receiving dock any time of the day or week. [Directions to the dock](#) located at 661 University Avenue, Toronto are found on the laboratory contact page on our [website](#).

As the COVID-19 outbreak continues to evolve, please visit PHO's [COVID-2019 disease and conditions page](#), for further updates.

Healthcare providers should contact their infection prevention and control department, where applicable, for guidance prior to collecting samples and for patient management.

The local public health unit must be contacted about individuals being tested for COVID-19. For contact information of your local health unit, please see: phdapps.health.gov.on.ca/phulocator/.

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		2 - Patient Information Health Card No.: Medical Record No.:	
Submitter lab no. number (if applicable):		Last Name:	
Clinician initial / Surname and OHIP / CPSO Number		First Name:	
Telephone: (###) ###-#### Fax: (###) ###-####		Date of Birth: yyyy / mm / dd Sex: <input type="radio"/> M <input type="radio"/> F	
cc Doctor/Qualified Health Care Provider information		Address:	
Name:		Postal Code: Patient Phone No.: (###) ###-####	
Lab/Clinic Name:		3 - Travel History Travel to:	
CPSO Number:		Date of Travel: yyyy / mm / dd Date of Return: yyyy / mm / dd	
Telephone: (###) ###-#### Fax: (###) ###-####		4 - Exposure History Exposure to PUI, probable, or confirmed case? <input type="radio"/> Yes <input type="radio"/> No	
Address: Postal Code:		Exposure details:	
5 - Test(s) Requested COVID-19 Virus Does this patient meet the provincial definition of person under investigation (PUI)? <input type="radio"/> Yes <input type="radio"/> No		Date of return of contact (if travelled): yyyy / mm / dd Date of symptom onset of contact: yyyy / mm / dd	
6 - Specimen Type (check all that apply)		8 - Clinical Information Date of symptom onset: yyyy / mm / dd	
Specimen Collection Date: yyyy / mm / dd		<input type="checkbox"/> Fever Temperature, if known:	
Mandatory: <input type="checkbox"/> NPS in UTM and <input type="checkbox"/> Throat Swab in UTM		<input type="checkbox"/> Cough	
If possible: <input type="checkbox"/> BAL <input type="checkbox"/> Sputum		<input type="checkbox"/> Sore Throat	
7 - Patient Setting <input type="checkbox"/> Physician office/clinic <input type="checkbox"/> Inpatient (ICU)		<input type="checkbox"/> Pneumonia	
<input type="checkbox"/> ER (not admitted) <input type="checkbox"/> Institution		<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Inpatient (ward)		9 - Will the Patient Be Hospitalized? <input type="radio"/> Yes <input type="radio"/> 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).



For further information

- Contact the PHOL Customer Service Centre at 416-235-6556 or 1-877-604-4567 (toll-free), or by email at customerservicecentre@oahpp.ca
- For PHO Laboratory specimen collection information and previous Lababstracts, refer to [publichealthontario.ca/test directory](https://publichealthontario.ca/test-directory)
- The current version of the PHOL General Test Requisition and other forms are available at publichealthontario.ca/Requisitions
- To subscribe to future Lababstracts, [register on our website](#)
- To register for Autofax and receive laboratory reports by fax directly from our laboratory information system as soon as they are released, contact the PHOL Customer Service Centre.

