

Preparing, Processing, and Sending COVID-19 Outbreak specimens

Guide for completing requisition and sample collection

1. Before collection of specimens, please ensure the following:
 - a. Virus Respiratory Kit (Swabs) are available
 - b. Virus Respiratory Kit (Swabs) are not expired
 - c. The Outbreak number has been provided by YRPH, and YRPH is aware of samples being collected
2. Collection
 - a. Public Health Ontario Lab: [Nasopharyngeal specimen collection Instructions](#)
3. Preparation of requisition and specimen package
 - a. Complete the [Public Health Ontario COVID-19 requisition](#)
 - i. Ensure client information is filled out clearly and legibly on the NP swabs and lab requisitions are filled out with at least two matching client identifiers (i.e. name, DOB)
 - ii. Print requisition on green paper or another paper colour other than white. **Do not use white paper for outbreak specimens.**
 - iii. Ensure the facility physician or family physician is listed under “Other Authorized Health Care Provider”
 - iv. Ensure all required information is included on the lab requisition including the outbreak number, specimen type, vaccination status, clinical information, setting type, and tests requested.
 - b. Complete the Transportation bag template with the outbreak number to include in the clear pocket of the transport bag (see [Public Health Ontario Laboratory template](#) on page 3).
4. Sending Specimens
 - a. Please keep all collected specimens refrigerated until pick up
 - b. Contact your outbreak investigator by email or phone to arrange specimen pick up. If after 4:30 PM, please contact the York Region Public Health Infectious Diseases after hours investigator at (905) 953-6478
 - c. Please ensure that the outbreak related specimen are not mixed with other tests being picked up
5. Obtaining Results
 - a. Results may be faxed from the Public Health Ontario Lab to your facility
 - b. To register to receive faxes from Public Health Ontario Lab, please contact Public Health Ontario Lab’s customer service telephone at 416-235-6556. A user agreement will be sent to your facility to complete.
 - c. Please contact Public Health Ontario Lab’s customer service telephone at 416-235-6556 to receive any lab reports as required.

Public Health Ontario | Santé publique Ontario
COVID-19 and Respiratory Virus Test Requisition

EXAMPLE

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

ALL Sections of this form must be completed at every visit

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
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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):		

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 (21/07/22).

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:

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):	

8 - COVID-19 Vaccination Status

Received all required doses >14 days ago	Unimmunized / partial series / ≤14 days after final dose	Unknown
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9 - Clinical Information

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