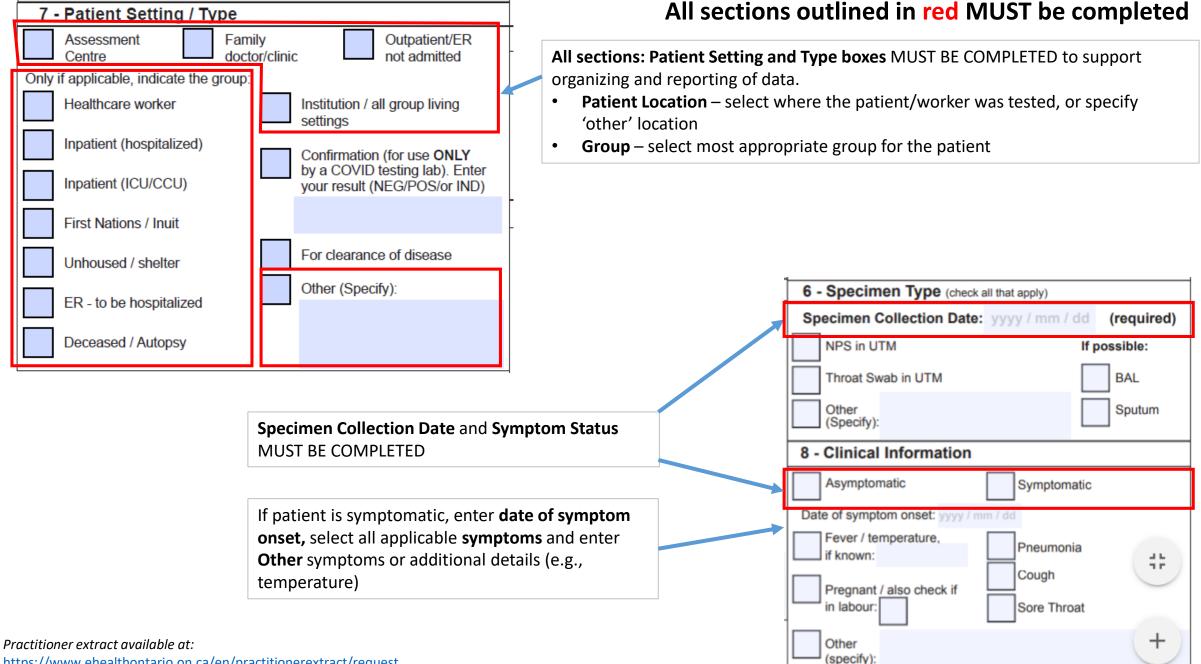
COVID-19 Test Requisition

All sections outlined in red MUST be completed

1 - Submitter Lab Number (if applicable):							
Ordering Clinician (required)							
Surname, First Name:							
OHIP/CPSO/Prof. License No:							
Address:		١.					
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 Clinician or ICP	:						
Surname, First name:							
OHIP/CPSO/Prof. License No.:							
Address:							
Postal code:							
Phone: (###) ###-####	Fax: (###) ###-####						

	Enter name and license number for clinician			2 - Patient Information			
		ordering the test (for license numbers refer to practitioner extract)		Health Card No.:	Med	lical Record No.:	
				Last Name:			
	ALL fields in Box 2 Patient Information MUST			First Name:			
		BE ENTERED.		Date of Birth: yyyy / mm / dd Sex: M			
	 Health Card No.: when unavailable, ent MRN Address: FULL address of location when patient is residing Phone number – of the shared living face 	incurrin curu no.: when unavailable, enter a		Address:			
		Address. I bee address of location where		Postal Code:		ient Phone No.: #) ###-####	
		• Phone number – of the shared living facility		Investigation / Outbreak No.:			
		to facilitate PHU follow-up		3 - Travel History			
		Investigation/Outbreak No: facility specific		Travel to:			
		Enter name of Primary Care Doctor in Other		Date of Trayel: yyyy / mm / dd	Dat	e of Return: yyyy / mm / dd	
		Clinician so they can be authorized to receive		4 - Exposure History			
	-	results electronically (i.e., HRM) if enabled. Use		Exposure to probable, Or confirmed case?			
		accepted values as outlined in practitioner		Exposure details:			
		<u>extract</u> .		Date of symptom onset of contact: yyyy / mm / dd			
		Provide details on Travel and Exposure History if available	5 - Test(s) Requested COVID-19 Virus COVID-19 Virus Respiratory viruses check ONLY if required for hospitalized patient or those in group setting)				
			-				



https://www.ehealthontario.on.ca/en/practitionerextract/request