COVID-19 Test Requisition – Instructions for use.

It is critical that all information on the lab requisition be as complete and accurate as possible. Missing or inaccurate information will lead to a delay in processing the specimen or may result in specimens being rejected and not tested at all.

Patient Demographic Section

Patient	PHN		Alternate Identifier		Date of Birth *(yyyy-Mon-dd)*		
	Last Name		First Name	Middle	Gender	Phone	
	Address	City/Town		Prov	Postal Code	Location	

Personal Health Number (PHN): All lab reports are connected to Netcare by an individual's PHN. Ensure that the PHN entered matches the identification (i.e. health care card) provided by the person being swabbed. If the person being swabbed is a resident of another province, ensure that the province of residence associated with the PHN is identified on the requisition.

- **Common errors:**
  - PHN missing: if the lab processes this specimen, an alternate record will be created in Netcare using the name on the requisition. This record will not be attached to the individual's permanent Netcare record and may be difficult to locate within Netcare.
  - PHN does not match the name that is in Netcare: specimen will not be processed until clarification from the collecting site has been received.

Names: the first and last names of the person being swabbed must match what is in Netcare. Ask the individual for their legal name.

- **Common errors:**
  - Common name used: An individual may give the name that they commonly go by, i.e. Beth Windspeaker, but the name associated with the PHN in Netcare is Elizabeth Hope.
    - The lab cannot be sure that Beth Windspeaker is the same person as Elizabeth Hope and will likely create an alternate record under the name recorded on the requisition, or they will seek clarification from the collecting site, which will delay results.
  - Handwriting is not clear and lab has to guess at what is written:
    - Julian/Julia: is there an "n" at the end? This could lead to a name and/or gender mismatch from what is in Netcare which will delay the results.

Date of Birth: Ensure that this is completed in YYYY-Mon-DD format: 2020-July-14.
- **Common errors:**
  - Birthdate on the requisition does not match what is in Netcare.
    - Very common when there is a David Sr. and David Jr.
    - Common when there are two people with same/similar name.

Gender: Choose Male or Female as appropriate.
- **Common errors:**
  - Gender on the lab requisition does not match what is in Netcare. The laboratory will need to seek clarification from the collection site, delaying the client's results.

Phone Number: enter a valid phone number where the person being swabbed can be reached.

Address: If the individual can't provide a full address, complete the City/Town, Province and Postal Code boxes. The location code is left blank.

Requestor Section

Requestor	Requestor Name *(last, first)*	Location/Facility/Address	Phone	Healthcare Provider ID
	Dr. Yacoub, Wadieh Ramses	**Canada Place, 730-9700 Jasper Ave NW**	**780-495-3391**	004699A A2806 156831
	Copy to *(last, first)*	Location/Facility/Address	Phone	Healthcare Provider ID

Requestor: When sending in lab specimens under the FNIHB MOH, Dr. Yacoub, the above information must be used on the lab requisition.

Copy to: to be used if the person being swabbed consents to their results being shared with their family physician and provides the name of their family physician. Enter the full name, address and phone number of the physician: missing or inaccurate information may lead to delays in delivering results to this provider. If the local physician or nurse practitioner is ordering the test, Dr. Yacoub's information can be placed in this section.

Specimen/Type Source – Specify section

Specimen/Type Source - Specify

Date Collected *(yyyy-Mon-dd)*	Time *(24 hr)*	Location	Collector ID	Outbreak (EI) *if applicable* (yyyy-###)

Blood
☐ Blood
☐ Bone Marrow
☐ Cord Blood

Tissue
☐ Autopsy *(specify)* _____
☐ Biopsy *(specify)* _____

Fluid
☐ CSF
☐ Auger Suction
☐ Bronchoalveolar Lavage (BAL)
☐ Eye (Aqueous)
☐ Eye (Vitreous)
☐ Nasopharyngeal
☐ Urine

Swab
☐ Buccal
☐ Cervical
☐ Eye *(specify)*_____
☐ Lip
☐ Lesion *(specify)* _____
☐ Mouth
☐ Nasopharyngeal
☐ Rectal
☐ Throat
☐ Urethral

Other ☐ Stool   ☐ Other *(specify)*_____

Date Collected and **Time:** must be completed and <u>must</u> match the information on the specimen.
- **Common error:**
  - ○ The specimen date and/or time do not match the lab requisition. The lab will seek verification from the collecting site prior to processing the sample.

Outbreak (EI): this must be completed if the CDC team has provided an EI number that will be used to track specimens in the community or in the event of an outbreak.

Swab: indicate the way the swab was collected. Usually nasopharyngeal or throat.

Provide Clinical History or Reason for Testing Section

Provide Clinical History or Reason for Testing below - Testing will NOT proceed if this section is incomplete		
Reason for Testing **Investigation for COVID-19 exposure** **Check ONE:** ☐ Symptomatic ☐ Asymptomatic	List Countries visited within past 3 months of symptom onset **OR** provide relevant travel history ☐ No Travel	
Symptoms (Check all that apply) ☐ Fever ☐ Rash *(type)* _____ ☐ Gastrointestinal ☐ Respiratory *(specify)*_____ ☐ Neurologic ☐ Other *(specify)*_____ ☐ Polyarthritis	**Date of return** *(yyyy-Mon-dd)*	Relevant immunizations and dates
Date of onset **OR** Duration of symptoms	Immunocompromised ☐ No ☐ Yes *(details)* _____	

- **Reason for Testing:** Select whether the person being swabbed was symptomatic or asymptomatic at the time of testing. If symptomatic, check all symptoms that apply and record the date of symptom onset. Note: if symptomatic, follow notifiable disease guidelines and if required, inform the individual that they must isolate.

- **List countries:** document any travel history outside of Canada in the last three months and the date they returned to Canada. If the individual did not travel, check "No Travel". Leave "Relevant immunizations and dates" box blank.

- **Immunocompromised**: identify if the person being swabbed is immunocompromised or not. If "yes" is selected, please provide details.

Consent Section for Negative COVID-19 Results

Consent	
Consent for Results for Negative Covid-19 to be messaged	☐ Yes ☐ No
Phone number to leave message: _____	
Health Care Worker?	☐ Yes ☐ No

The individual being tested can consent to having negative COVID-19 test results relayed to a phone number provided via an automated voice message.

> YES: if the person being swabbed consents to receiving a negative result via automated voice message.
>
> NO: the does not consent to receive negative results via the automated system, they will be receive a phone call through the 811 system.
>
> IF NOTHING IS CHECKED OFF: it will be assumed that the person has not consented to receiving their negative result through the auto dialer system, they will be receive a phone call through the 811 system.

Note: If the phone number is not valid, there will be delays in communicating negative results to the individual.

Health Care Worker (HCW): Record "yes" if the individual being swabbed provides "service in a clinical setting, including hospitals, clinics, continuing care facilities, licensed supportive living sites (including group homes), public health centres, community assessment centres, and any other settings where face-to-face patient care is being provided (including fire fighters and EMS)." (Alberta Public Health Disease Management Guidelines –COVID19, p. 17). This will expedite the test.

Molecular Detection (NAT): Respiratory Pathogen Panels **cannot** be ordered under Dr. Yacoub's name. The individual's primary care provider must order them.