



Outbreak Preparedness Toolkit

Completing Lab Requisitions

Time Required: 20 min

Target Audience: Individuals responsible for completing lab requisitions.

Introduction

The purpose of this activity is to familiarize ourselves with how to complete Public Health Ontario Laboratory (PHOL) lab requisitions to ensure specimens are processed and results are communicated to Toronto Public Health in a timely and effective manner. Let's get prepared!

Objectives

- Practice completing PHOL lab requisitions and identify key points to remember.
- Facilitate discussions and critical thinking through application scenarios/situations.

Instructions

Read through one of the scenarios below and practice completing sample lab requisitions.

Key points to remember

- Ensure the most up-to-date version and correct type of the lab requisition is being used.

- Refer to PHOL's website:
<https://www.publichealthontario.ca/en/laboratory-services/test-requisitions>
- Complete all the required information on the lab requisition.
- Identify the facility's physician under 'Ordering Clinician'.
- Identify TPH's Associate Medical Officer of Health (AMOH) Dr. Alexa Caturay, under cc 'Other Authorized Health Care Provider'.
- MRVP testing is requested for residents only.
- If MRVP testing is being requested, the sample should be sent to PHOL.
- Reminder when submitting a lab requisition for MRVP testing, the resident's symptoms and symptom onset date must be completed.
- If a lab requisition is completed for a staff it is important to enter the correct demographic information pertaining to the individual's personal address and telephone number, NOT the facility's information.
- Lab requisitions should be printed on **green** paper to ensure the lab can easily identify and prioritize the processing of these tests.
- When facility is in outbreak, you may complete the [LRC Outbreak Specimen Collection and Enteric Kit Request Form \(chkmkt.com\)](#) TPH CheckMarket survey for pickup and drop-off of specimen to PHOL.

Note: If you would like to obtain a PowerPoint version of this activity, please email your TPH Liaison or LRCT@toronto.ca.

Activity

Scenario 1:

A PSW staff with mild symptoms of runny nose & muscle pain reports testing PCR positive for COVID-19 on June 3.

The PSW staff was at work while symptomatic as she thought that the runny nose and muscle pain were related to allergies and exercise. One of the high risk residents to whom the PSW staff provided direct care the day before is symptomatic with a cough and general malaise. The unit or floor is not currently in outbreak so you are directed to use your Provincial Surveillance Testing #_____. You

have been directed to request for MRVP testing in addition to COVID-19 for the symptomatic resident on June 4.

Obtain the correct lab requisition form(s) and complete the requisition(s) for the following individuals:

- COVID-19 Lab Requisition for the staff case;
- MRVP & COVID-19 Lab Requisitions for the symptomatic high risk contact resident.

Scenario 2:

On July 15th resident P.L. is experiencing gastrointestinal symptoms. P.L. has had 2 episodes of diarrhea and 3 episodes of vomiting over the past 3 hours. You decide to collect a stool sample from P.L. and perform a PCR swab for COVID-19 testing. P.L. is the only symptomatic resident at the facility and there are no current outbreaks on any floors/units, so you are directed to use your Provincial Surveillance Testing # _____.

Obtain the correct lab requisition form(s) and complete the requisition(s) for the following individual:

- Resident case P.L.

Debrief Discussion Questions

1. Where does your facility/unit keep your lab requisitions?
2. Are there any challenges or barriers to completing lab requisitions with the current processes in place?
3. What are some strategies or suggestions to overcome these challenges or barriers?

Feedback

Thank you for completing the activity. We want to hear your feedback. Please complete this short survey (1-2 min) so we can continue to improve the tools.

https://s.tphsurvey.chkmkt.com/TPH_OBPrep_Toolkit



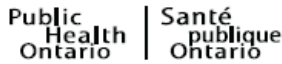
Additional Resources/References

- [PHOL Test Requisitions](#)
- [Kit and Test Ordering Instructions \(PHOL\)](#)
- [How to Collect a Nasopharyngeal Swab](#)
- [LRC Outbreak Specimen Collection and Enteric Kit Request Form \(TPH\)](#)
- [Respiratory Viruses \(including influenza\) Testing Indications | Public Health Ontario](#)
- [Gastroenteritis –Stool Viruses Testing Indications| Public Health Ontario](#)
- [Respiratory Outbreak Test Requisition Form Sample](#)
- [Enteric Outbreak Test Requisition Form Sample](#)

Version 2 (June 2023)

Sample Completed Lab Requisitions

Enteric



General Test Requisition

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

ALL Sections of this form must be completed at every visit

1 - Submitter Courier Code: 12345 Name: Caring Long Term Care Home Address: 123 Support Lane Toronto, ON City & Province: M1M 2N2 Postal Code:	2 - Patient Information Health Card No.: 1234567 Sex: <input type="radio"/> Male <input checked="" type="radio"/> Female Date of Birth (yyyy/mm/dd): 2023-06-07 Medical Record No.: 9876543 Last Name per health card: Jane First Name per health card: Mary Address: Caring Long Term Care Home, 123 Support Lane, Toronto, ON Postal Code: M1M 2N2 Phone Number: (416) 333-3333 Submitter Lab No.: N/A Public Health Unit Outbreak No.: 3895-2023-22334
Clinician initial/Surname and OHIP/CPSO No.: Dr. Health 12345 Telephone: (416) 908-7766 Fax: (416) 122-3344	Public Health Investigator Information Name: Penny Lane Health Unit: Toronto Public Health Tel: (416) 338-1234 Fax: (416) 392-0047
cc Doctor / Qualified Health Care Provider Information Name: Caturay, Alexa Tel: (416) 338-7492 Lab / Clinic Name: Toronto Public Health Fax: (416) 392-0047 CPSO No.: Address: 277 Victoria St, 10th floor, Toronto, ON, CDNU Postal Code: M5B 1W2	

3 - Test(s) Requested (Please see descriptions on reverse) Enter test description below: Enteric Outbreak Organisms	Hepatitis Serology Reason for test (Check only one box): <input type="checkbox"/> Immune Status <input type="checkbox"/> Acute Infection <input type="checkbox"/> Chronic Infection Indicate specific viruses (Check all that apply): <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C* <small>*Testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available.</small>
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4 - Specimen Type and Site <input type="checkbox"/> Blood / Serum <input checked="" type="checkbox"/> Faeces <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Sputum <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal Smear <input type="checkbox"/> Urethral <input type="checkbox"/> Cervix <input type="checkbox"/> BAL <input type="checkbox"/> Other (Specify):	Patient Setting <input type="checkbox"/> Physician Office / Clinic <input type="checkbox"/> Inpatient (ICU) <input type="checkbox"/> Inpatient (Ward) <input checked="" type="checkbox"/> Institution <input type="checkbox"/> ER (Not Admitted)
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5 - Reason for Test <input checked="" type="checkbox"/> Diagnostic <input type="checkbox"/> Post-mortem <input type="checkbox"/> Needle Stick <input type="checkbox"/> Immune Status <input type="checkbox"/> Prenatal <input type="checkbox"/> Follow-up <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Chronic Condition <input type="checkbox"/> Other (Specify):	Clinical Information <input type="checkbox"/> Fever <input checked="" type="checkbox"/> Gastroenteritis <input type="checkbox"/> Vesicular Rash <input type="checkbox"/> STI <input type="checkbox"/> Headache / Stiff Neck <input type="checkbox"/> Maculopapular Rash <input type="checkbox"/> Pregnant <input type="checkbox"/> Encephalitis / Meningitis <input type="checkbox"/> Jaundice <input type="checkbox"/> Respiratory Symptoms <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Influenza High Risk (Specify): <input type="checkbox"/> Recent Travel (Specify Location):
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For HIV, please use the HIV serology form. - For referred cultures, please use the reference bacteriology form. To re-order this test requisition contact your local Public Health Laboratory and ask for form number F-SD-SCG-1000. Current version of Public Health Laboratory requisitions are available at www.publichealthontario.ca/requisitions.
 The personal health information is collected under the authority of the Personal Health Information Protection Act, s.38 (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 PHOL Manager of Customer Service at 416-235-8556 or toll free 1-877-804-4567. F-SD-SCG-1000 (05/04)



Respiratory & COVID-19

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

For laboratory use only Date received (yyyy/mm/dd):	PHOL No.:
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ALL Sections of this form must be completed at every visit

1 - Submitter Lab Number (if applicable):

Ordering Clinician (required)
 Surname, First Name: Facility, Doc
 OHIP/CPSO/Prof. License No: XXXXXX
 Name of clinic/ facility/health unit: Caring Home LTCH
 Address: 123 Caring Lane, Toronto Postal code: M2U 3Y6
 Phone: (555) 555-5555 Fax: (444) 444-4444

2 - Patient Information

Health Card No.: 5555555555555555	Medical Record No.: XXXXX
Last Name: Jane	
First Name: Mary	
Date of Birth (yyyy/mm/dd): 1937-07-05	Sex: <input type="radio"/> M <input checked="" type="radio"/> F
Address: 123 Caring Lane, Toronto, ON	
Postal Code: M2U 3Y6	Patient Phone No.:

cc Hospital Lab (for entry into LIS)

Hospital Name: _____
 Address (if different from ordering clinician): _____
 Postal Code: _____
 Phone: _____ Fax: _____

Investigation or Outbreak No. 3895-2023-12345

3 - Travel History

Travel to: _____
 Date of Travel (yyyy/mm/dd): _____ Date of Return (yyyy/mm/dd): _____

cc Other Authorized Health Care Provider:

Surname, First name: Caturay, Alexa
 OHIP/CPSO/Prof. License No.: _____
 Name of clinic/ facility/health unit: Toronto Public Health
 Address: 277 Victoria St, 10th floor, Toronto, ON, CDNU Postal code: M5B 1W2
 Phone: (416) 338-7492 Fax: (416) 392-0047

4 - Exposure History

Exposure to probable, or confirmed case? Yes No
 Exposure details: _____
 Date of symptom onset of contact (yyyy/mm/dd): _____

6 - Specimen Type (check all that apply)

Specimen Collection Date (yyyy/mm/dd): 2023-06-07 (required)

NPS Throat Swab Saliva (Swish & Gargle)
 Deep or Mid-turbinate Nasal Swab Throat + Nasal Saliva (Neat)
 Oral (Buccal) + Deep Nasal BAL Anterior Nasal (Nose)
 Other (Specify): _____

5 - Test(s) Requested

COVID-19 Virus Respiratory Viruses COVID-19 Virus AND Respiratory Viruses

8 - COVID-19 Vaccination Status

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

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
 Facility Name: Caring Home LTCH
 Inpatient (Hospitalized) Confirmation (for use ONLY by a COVID testing lab). Enter your result (NEG / POS / or IND):
 Inpatient (ICU / CCU)
 Remote Community
 Unhoused / Shelter
 Other (Specify): _____

9 - Clinical Information

Asymptomatic Fever Pregnant
 Symptomatic Pneumonia Other (Specify): _____
 Date of symptom onset (yyyy/mm/dd): 2023-06-07 Cough Sore Throat

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 416-235-8558 or toll free 1-877-604-4587.
 Form No. F-SD-SCG-4000 (21/07/22).

