COVID Specimen Delivery Label

(attach to delivery box)

7:00 a.m. to
11:00 p.m.

7 days a week

To: In-Common Labs
57 Gervais Dr.
North York
M3C 1Z2

(Courier drop-off at the back of building)

- *Please ring doorbell and notify lab staff COVID specimens are being dropped off*

Questions?

ICL Client Care

(416) 422 – 3000 Ext. 300
info@iclabs.ca

Public Health Ontario | Santé publique Ontario

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

Name:
Address:
City & Province:
Postal Code:

Clinician initial / Surname and OHIP / CPSO No.:

Telephone: Fax:

cc Doctor / Qualified Health Care Provider Information

Name: Tel:

Lab / Clinic Name: Fax:

CPSO No.:

Address: Postal Code:

2 - Patient Information

Health Card No.: Sex: ◯ Male ◯ Female

Date of Birth (yyyy/mm/dd): Medical Record No.:

Last Name per health card: First Name per health card:

Address:

Postal Code: Phone Number:

Submitter Lab No.:

Public Health Unit Outbreak No.:

Public Health Investigator Information

Name:

Health Unit:

Tel: Fax:

3 - Test(s) Requested (Please see descriptions on reverse)

Test: Enter test description below:

COVID-19

Hepatitis Serology

Reason for test (Check only one box):

☐ Immune Status ☐ Acute Infection ☐ Chronic Infection

Indicate specific viruses (Check all that apply):

☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C*

**Testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available.*

4 - Specimen Type and Site

☐ Blood / Serum ☐ Faeces ☒ Nasopharyngeal

☐ Sputum ☐ Urine ☐ Vaginal Smear

☐ Urethral ☐ Cervix ☐ BAL

☐ Other (Specify):

Patient Setting

☐ Physician Office / Clinic ☐ Inpatient (ICU)

☐ Inpatient (Ward) ☒ Institution

☐ ER (Not Admitted)

5 - Reason for Test

☒ Diagnostic ☐ Post-mortem Date Collected (yyyy/mm/dd):

☐ Needle Stick ☐ Immune Status

☐ Prenatal ☐ Follow-up Onset Date (yyyy/mm/dd):

☐ Immunocompromised ☐ Chronic Condition

☐ Other (Specify):

Clinical Information

☐ Fever ☐ Gastroenteritis ☐ Vesicular Rash

☐ STI ☐ Headache / Stiff Neck ☐ Maculopapular Rash

☐ Pregnant ☐ Encephalitis / Meningitis

☐ Jaundice ☐ Respiratory Symptoms

☐ Other (Specify):

☐ Influenza High Risk (Specify):

☐ Recent Travel (Specify Location):

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.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 PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.

F-SD-SCG-1000 (09/20)

Ontario