

QUEEN ELIZABETH HOSPITAL



PRINCE EDWARD ISLAND  
A division of Health PEI

**Location of Testing:**

Emergency Department  
Queen Elizabeth Hospital  
Charlottetown, PEI

**Hours of Operation:**

Sunday – Saturday 24/7

## COVID-19 INFORMATION REQUEST:

## CHECK ONE:

EXCEPTIONAL ONE TIME REQUESTS	HEALTH CARE WORKER REQUESTS	Vendor or Service Representative
<input type="checkbox"/> <b>Terminal Palliative Care Patient Visit</b> Unit: Phone: Patient to be visited: Initiating Staff:	<input type="checkbox"/> <b>Locum / Returning Physician or Staff</b> Requestor for service: _____ Cell/Page number: Location of locum/work:	<input type="checkbox"/> <b>Department / Unit requiring service</b> Contact:
<b>Testing in all cases assumes the patient does not have any COVID-19 Symptoms. If Symptoms develop further testing is required</b>		

**Date Form filled out:**

Date arrived or expected to arrive on PEI: (MMM/DD/YYYY):

Time:

**CHECK ONE OF THE FOLLOWING:**

**1. PEI RESIDENT:**  **2. NON-PEI BUT CANADIAN RESIDENT**  **3. NON-Canadian Resident**

Full Legal Name:

DOB (MMM/DD/YYYY): \_\_\_\_\_

Email address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number (Cell): \_\_\_\_\_

Address staying on PEI: \_\_\_\_\_

Emergency Contact and Cell phone: \_\_\_\_\_

For 1 and 2: Province and Health Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Email form to [QEHADmitting@ihis.org](mailto:QEHADmitting@ihis.org) by the Health PEI Requestor

Call results to

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**NOTE:**

- 1. For Name, please include first and last name and Title (RN, MD, etc)**
- 2. Phone number needs to a direct line (No Voice Mail)**
- 3. LAB Technologist cannot call the person or family member directly. If unsure of whom to put for call results then write "Nurse Supervisor on Call."**