COVID-19/VIRAL RESPIRATORY REQUEST FORM (2024)

| Submit Requisition | | | | | | | | | | | |
|---|--|---|--|---|---|--|--|---|---|-----------------------------|-------------------|
| ubmit Requisition nd samples to: PCH Laboratory KCMH Laboratory WH Laboratory | | Name: Street: Place Label Here | | | | | | | | | |
| | | | | | | | | | | | City: Prov./State |
| | | Specimen Collected | ed Payment Responsibility | | Postal Code/Zip: | | | | | | |
| By: | | | | | | | | | | | |
| Date: YYYY/MMM/DD | | | Other Medicare Card #: Expires on: | | | | | | | | |
| Time: HH:MM | □ Out of Province Medicare | | | | | | | | YYY MMM DD | | |
| Ordering Physician | | Facility and Unit | DOB: | : | Sex | PEIN | /ledical F | Record N | umber (M | | |
| FIRST MIDDLE | LAST | | YYYY | MMM DD | | | | | | | |
| Copies to: | | Clinic | Long | term Care Ho | me, inclu | l uding v | ing if ap | plicable. | | | |
| FAX # REQUIRED FOR OUT OF PRO | | | | | | | | | | | |
| AA # ALQUINED FOR OUT OF PRO | | | | | | | | | | | |
| Specimen type: | | | | Testing Ca | | | | | | | |
| In Midturbinate/throat swab | | | | | Palliativ | e Car | e (06) | dent (04 | | | |
| □ Midturbinate/th | wab nroat swab | | | | Mental Other ((Postmo | ve Caro Health 09) vrtem (| e (06) and Ac 11) | dictions off Islar | (07) | | |
| □ Midturbinate/th | | TES | ST REC | | Mental Other ((Postmo | ve Caro Health 09) vrtem (| e (06) and Ac 11) | dictions | (07) | | |
| | nroat swab | TES (COVID-19) only | | LUESTS | Mental Other ((Postmo Medical | re Carr Health D9) rtem (I Appo | e (06) and Ad 11) intment | dictions | (07) | | |
| □ Novel | nroat swab | | y PCR | QUESTS | Mental I Other (0 Postmo Medical QEH-v | ve Car Health 09) rtem (I Appo | e (06) and Ad 11) intment wab) | dictions off Islar | (07) nd (12) | /ab) | |
| □ Novel □ Novel □ FLUV | l Coronavirus Coronavirus | (COVID-19) only | y PCR bid ID | QUESTS (PCH and NOW (WH | Mental I Other ((Postmo Medical QEH-v | re Card Health D9) rtem (I Appo viral s ^r H, CH ^r | e (06) and Ad 11) intment wab) D, and | off Islar | (07) nd (12) Dry Sw | | PCH, |
| Novel Novel Novel FLUV QEH a | I Coronavirus I Coronavirus I Coronavirus ID PCR (Influent and WH) | (COVID-19) only (COVID-19) Rap | y PCR bid ID B, RS | QUESTS | Mental I Other ((Postmo Medical QEH-v , KCMH | viral sv Health D9) rtem (Appo Viral sv H, CH | e (06) and Ad 11) intment wab) D, and testing | off Islar SH NP | (07) Ind (12) Dry Sw | CMH, F | |
| □ Novel □ Novel □ FLUV QEH a Please | I Coronavirus I Coronavirus I Coronavirus ID PCR (Influe) and WH) a note: Please re iratory Panel F | (COVID-19) only (COVID-19) Rap nza A, Influenza | y PCR bid ID B, RS Respir | QUESTS (PCH and NOW (WH | Mental I Other (C Postmo Medical QEH-v , KCMH /ID-19 n Testin ogens, | re Card Health D9) rtem (Appo riral st riral st riral st riral st response riral st response riral st riral st | e (06) and Ad 11) intment wab) D, and testing eria Mer | off Islar SH NP availal | (07) d (12) Dry Sw ble at K(| CMH, F equirem | ients |
| Image: Novel Image: Novel | I Coronavirus I Coronavirus I Coronavirus ID PCR (Influen and WH) e note: Please re iratory Panel F OVID-19, plus | (COVID-19) only (COVID-19) Rap nza A, Influenza | y PCR bid ID B, RS t Respir 3 respi 3 respi s only a | CUESTS COMPANY COMPAN | Mental I Other (0 Postmo Medical QEH-v , KCMF /ID-19 I n Testin ogens, PCH a | re Card Health D9) rtem (Appo riral sv incluce and Q | e (06) and Ac 11) intment wab) O, and testing eria Mer ding Inf EH) | off Islar SH NP availal mo for e | (07) d (12) Dry Sw ble at K(igibility r A, Influe | CMH, F equirem enza B | ents RSV |

Provincial Clinical Lab

Address for Non-PEI Residents Required

MICRO VR F