

COVID-19 VIRUS REQUEST FORM (2021) **RAPID REQUEST**
 STAT REQUEST (Need Callback info)

Provincial Microbiology Laboratory
 Queen Elizabeth Hospital
 Charlottetown, PEI
 Phone (902)894-2300 Fax (902)894-2120

Address for Non-PEI Residents Required

Name: _____
 Street: _____
 City: _____ Prov./State: _____
 Postal Code/Zip: _____ Patient Phone # _____

Specimen Collected By: _____ Date (YYYY/MM/DD): / / Time (HH:MM):	Payment Responsibility <input type="checkbox"/> WCB <input type="checkbox"/> DVA <input type="checkbox"/> DND <input type="checkbox"/> RCMP <input type="checkbox"/> Self Pay Canadian <input type="checkbox"/> Self Pay Non-Canadian Provincial Medicare # exp. date:	DOB: YYYY- MMM-DD	Sex	Medical Record Number (MRN)
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Ordering MD: CHIEF HEALTH OFFICER (CHO) Alternative ordering MD/NP:

Location of Collection:

Charlottetown Borden Montague Island EMS
 Summerside O'Leary Other Site:

Specimen type: <input type="checkbox"/> NP swab <input type="checkbox"/> Nasal/Throat swab <input type="checkbox"/> NP (POCT-Confirmation) <input type="checkbox"/> Nasal <input type="checkbox"/> Midturbinate <input type="checkbox"/> Saline Gargle <input type="checkbox"/> Midturbinate/throat <input type="checkbox"/> Water Gargle	Traveler History: Where: _____ When: _____ <input type="checkbox"/> Arriving from International [98] <input type="checkbox"/> Arriving from out of Province [99] <input type="checkbox"/> Departing for International travel [23] -->Passport Number (if required):
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MANDATORY Clinical Information: <input type="checkbox"/> Symptomatic write "S" on tube <input type="checkbox"/> Not Symptomatic write "A" on tube	Exposure History: <input type="checkbox"/> Outbreak OB _____ & write on tube <input type="checkbox"/> Close Contact (but no OB code)[16] <input type="checkbox"/> Casual Contact (Not self isolating) [90]
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<input type="checkbox"/> Long term care resident [06] <input type="checkbox"/> Community care resident [07] <input type="checkbox"/> Palliative care resident [09] <input type="checkbox"/> Group home or shelter resident [08] <input type="checkbox"/> Mental Health and Addictions [10] <input type="checkbox"/> Correctional facility admission [14] <input type="checkbox"/> Other facility:	<input type="checkbox"/> Health care provider (HCP)/family member [11] <input type="checkbox"/> Essential worker (EW)/family member [12] --> Role of HCP/EW: Location: <input type="checkbox"/> Temporary Foreign Workers [13] <input type="checkbox"/> Screener at point of entry [15] <input type="checkbox"/> K-12 Teacher / Staff [25] <input type="checkbox"/> K-12 Student [26] <input type="checkbox"/> UPEI Student [27]
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Special request of the CPHO or staff [19], Explain:
 Previous Positive Case [29], Date Positive:

None of the Above [17]

Symptoms (check off any applicable symptoms below):

<input type="checkbox"/> Fever * _____ °C	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Cough/ Worsening Cough
<input type="checkbox"/> Chills	<input type="checkbox"/> Headache	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Marked Fatigue	<input type="checkbox"/> Loss of taste/smell
<input type="checkbox"/> Other symptoms (list):	* Fever in Seniors are broadly defined	

Assessment Performed by (signature) :

Testing Site: Cough & Fever Clinic: Yes No
 First Swab: Repeat Swab: