

COVID-19 Test Requisition – Laboratory Reporting Mapping

V3.1 (May 7, 2021)

COVID-19 Requisition Reporting

- Additional data needs have been identified for COVID-19 testing of patients and workers at shared living facilities. Data captured on the requisitions need to be reported with test results to support downstream use by Public Health Units, Long Term Care homes, and other care settings
- Patient, Provider data should be entered as per normal processes
- Wherever possible LABS are requested to report using discrete data elements (fields, results, etc) to submit data to OLIS
 - If your LIS cannot support sending a specific data element in the recommended field, please submit as an Order Level comment; exact formatting will be provided for this data.

1 - Submitter Lab Number (if applicable):

Ordering Clinician (required)

Surname, First Name:

OHIP/CPSO/Prof. License No:

Name of clinic/
facility/health unit:

Address: Postal code:

Phone: Fax:

cc Hospital Lab (for entry into LIS)

Hospital Name:

Address (if different
from ordering clinician):

Postal Code:

Phone: Fax:

cc Other Authorized Health Care Provider:

Surname, First name:

OHIP/CPSO/Prof. License No.:

Name of clinic/
facility/health unit:

Address: Postal code:

Phone: Fax:

Populate **ordering clinician** information **OBR.16** with values from the OLIS extracts

<https://ehealthontario.on.ca/en/practitionerextract/request>

If sample is from shared living facility, e.g. **LTCH**, populate the address information of the LTCH and not the provider's office address in **ORC.24**

Populate **ordering lab identifier** and **site address** into **ORC.21/ORC.22** with values from the OLIS extracts. If no lab at the facility, populate with the hospital facility information.

https://ehealthontario.on.ca/files/public/shared/practitionerextract/hospital_extract.xlsx

Submit as an **Order Level** comment if LIS cannot populate **ORC.21**

OBR.28 Result Copies To - validate against practitioner extract to use accepted values only:

<https://ehealthontario.on.ca/en/practitionerextract/request>

Enter **clinicians** or **Primary Care Doctor** so they can be authorized to receive results from PHU or electronically (i.e. HRM) if enabled.



2 - Patient Information	
Health Card No.:	Medical Record No.:
Last Name:	
First Name:	
Date of Birth: yyyy / mm / dd	Sex: <input type="radio"/> M <input type="radio"/> F
Address:	
Postal Code:	Patient Phone No.: (###) ###-####
Investigation / Outbreak No.:	
3 - Travel History	
Travel to:	
Date of Travel: yyyy / mm / dd	Date of Return: yyyy / mm / dd
4 - Exposure History	
Exposure to probable, or confirmed case?	<input type="radio"/> Yes <input type="radio"/> No
Exposure details:	
Date of symptom onset of contact: yyyy / mm / dd	
5 - Test(s) Requested	
<input checked="" type="checkbox"/> COVID-19 Virus	<input type="checkbox"/> Respiratory viruses check ONLY if required for hospitalized patient or those in group setting)

PID.3 Patient Identifier: Patient HCN is preferred identifier
 Note: When HCN not available, use MRN or lab assigned unique ID

PID.11 –Where the patient resides at a shared living facility (e.g., LTC home) the **POSTAL CODE** of that facility address must be recorded on the form for all patients. OR, at minimum, the “**COVID-19 Mobile Testing Unique ID**” (e.g. LTC-1001) from the [COVID-19 Shared Living Assessment Centre List](#) must be reported.

Event Specific **INVESTIGATION / OUTBREAK Number** needs to be provided **discretely** using new code (**XON13544-2 / Outbreak Number:ID:Pt:^Event:Nom**)

Note: an outbreak at a LTCH will have 1 reference number for all patients related to the outbreak. If another outbreak occurs at the same facility, there will be another reference number for that event and patients related to it.

Where this discrete data request cannot be accommodated, see [COVID-19 Guidance for OLS Reports](#) Section 1.2 Shared Living Facilities requirements that outline Order Level Notes option.

LOINC CODE: 10182-4 / Travel:Hx:Pt:^Patient:Nar is available for this data.
 If travel history cannot be captured as a discrete data element it must be included in the Order Level note.

LOINC CODE: XON13545-9/ Exposure history:Imp:Pt:^Patient:Nar
 If exposure history cannot be captured as a discrete data element it must be included in the Order Level note.

7 - Patient Setting / Type		
<input type="checkbox"/> Assessment Centre	<input type="checkbox"/> Family doctor / clinic	<input type="checkbox"/> Outpatient / ER not admitted
Only if applicable, indicate the group:		
<input type="checkbox"/> ER - to be hospitalized	<input type="checkbox"/> Deceased / Autopsy	
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Institution / all group living settings	
<input type="checkbox"/> Inpatient (Hospitalized)	Facility Name:	
<input type="checkbox"/> Inpatient (ICU / CCU)	<input type="checkbox"/> Confirmation (for use ONLY by a COVID testing lab). Enter your result (NEG / POS / or IND):	
<input type="checkbox"/> Remote Community		
<input type="checkbox"/> Unhoused / Shelter		
<input type="checkbox"/> Other (Specify):		

- **Information in Patient Setting/Type** MUST BE ENTERED to support the reporting and downstream use of data
- Shared Living Facility or Assessment Centre ID may be recorded in the **Other** box.
- Setting/Location should be reported in the **Patient Location field (PV1.3)** or in the **result LOINC CODE: 56816-2 / Patient location:Loc:Pt:^Patient:Nom** or within the **PV1.3 PATIENT SETTING Field within the HL7 Message to OLIS**
 - This data **must be captured** discretely and selected from the [COVID-19 Shared Living Assessment Centre List](#)
 - A minimum of the 8 character **“COVID-19 Mobile Testing Unique ID”** from this table must be reported e.g. LTC-1001. Only these IDs must be used.
- Where this discrete data request cannot be accommodated, see [COVID-19 Guidance for OLIS Reports](#) Section 1.2 Shared Living Facilities requirements that outline Order Level Notes option.

6 - Specimen Type (check all that apply)

Specimen Collection Date (yyyy/mm/dd): (required)

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

8 - COVID-19 Vaccination Status

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

9 - Clinical Information

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

Specimen Collection Date MUST be entered in YYYY/MM/DD format

Vaccination Status is to be reported using the following code: **11369-6 / Immunization:Hx:Pt:Patient:Nar**

Report data using the following codes:
XON13543-4 / Patient symptoms:Imp:Pt:Patient:Nar
76425-8 / Date of onset:Date:Pt:Patient:Qn:Reported

Symptom status MUST BE entered.

If patient is symptomatic, enter **date of onset** in format: YYYY-MM-DD . Enter all **symptoms** and other/additional symptom details (e.g., temperature) as one response.

If this information cannot be captured as discrete data elements it must be captured in the Order Level note. See [COVID-19 Guidance for OLIS Reports](#) Section 1.2 Shared Living Facilities requirements for details.

If the above data fields **cannot be reported as requested**, use the following syntax for reporting these values in the **Order Level notes** (examples):

- Investigation or Outbreak Number: #####-#####-### or AAA-#####-### \.br\
- Patient Setting: LTC-#### \.br\
- Clinical Information: Health Care Worker, Asymptomatic \.br\
- Ordering Lab: Ordering Lab Name \.br\
- Recent Travel: Location, Date From to Date To \.br\
- Exposure History: <details>\.br\
- COVID19 Vaccination Status: <details>\.br\
- Data should be separated with a line break so that it appears in the NTE segment as follows:
 - Investigation or *Outbreak Number: #####-#####-###\.*br\ *Patient Setting: LTC-####\.*br*Clinical Information: Health Care Worker, Asymptomatic\.*br\ *etc.*
- Where your LIS may not accommodate Line Breaks in the NTE segments, contact [Ontario Health \(Digital Services\)](#) to validate alternatives.
- **The above data elements MUST precede ALL other notes.**

