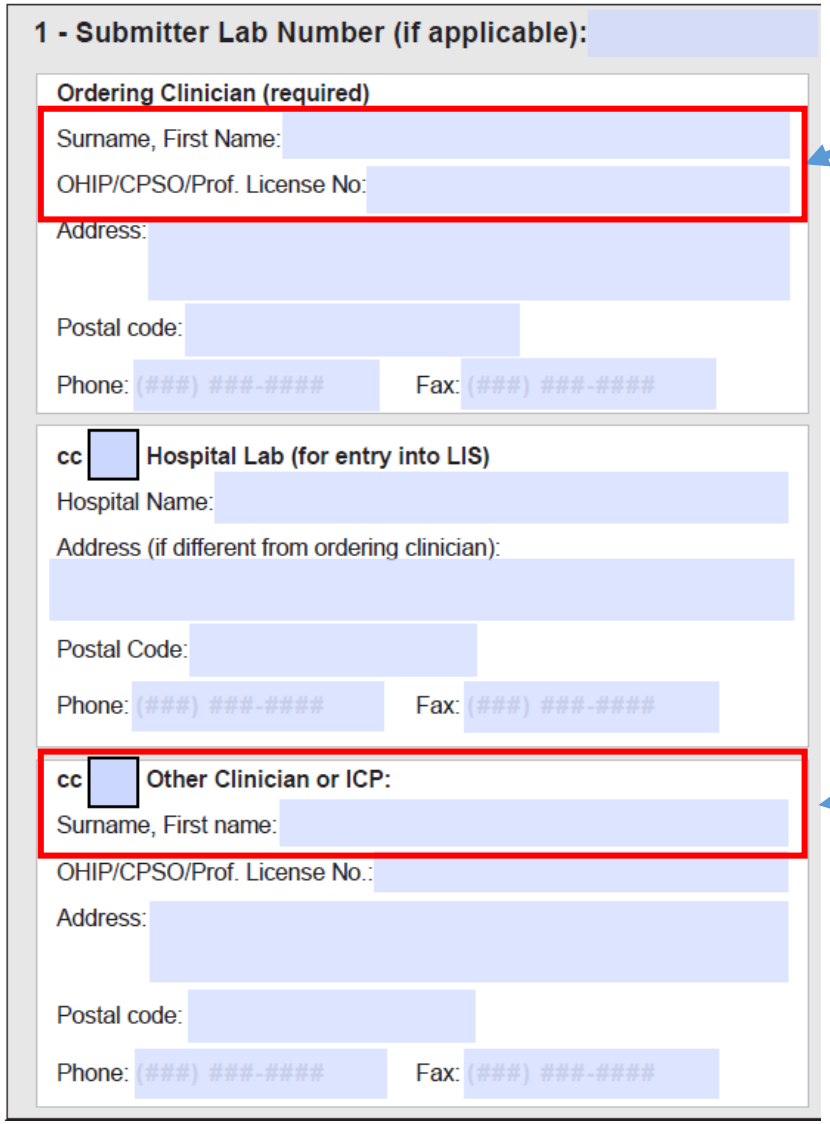
Assessment Centre Instructions
COVID-19 Test Requisition

All sections outlined in red MUST be completed



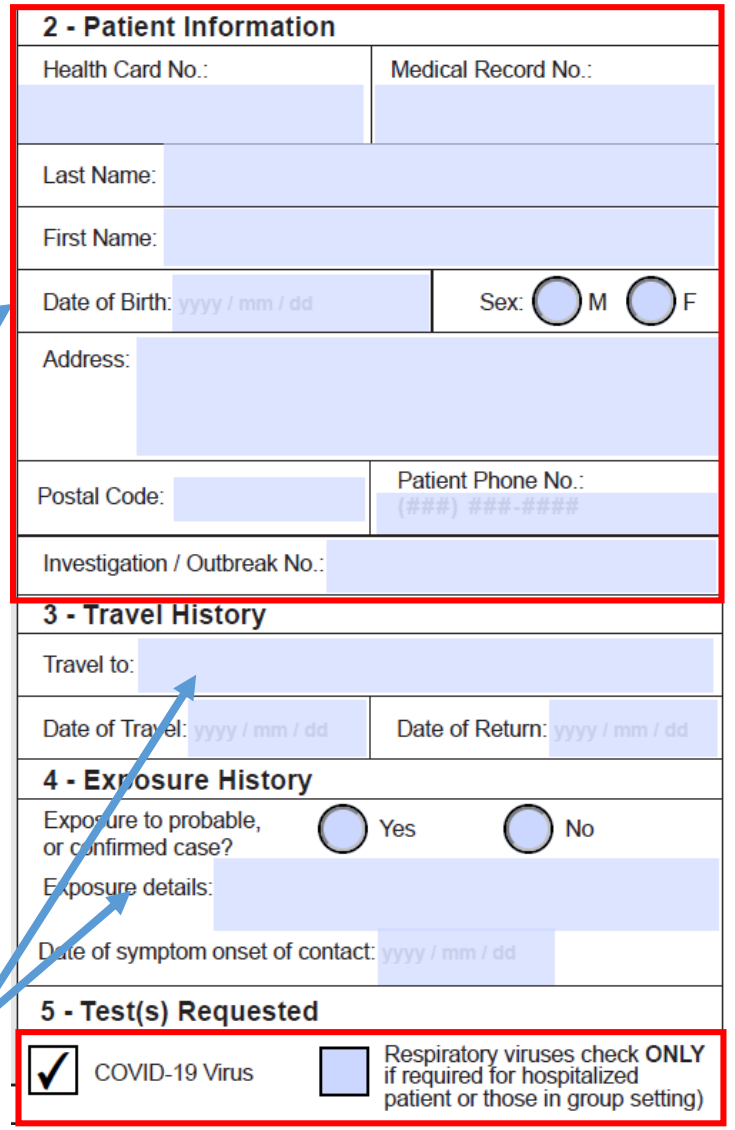
Enter **name and license number** for **clinician ordering the test** (for license numbers refer to practitioner extract)

ALL fields in Box 2 **Patient Information** MUST BE ENTERED.
Note:

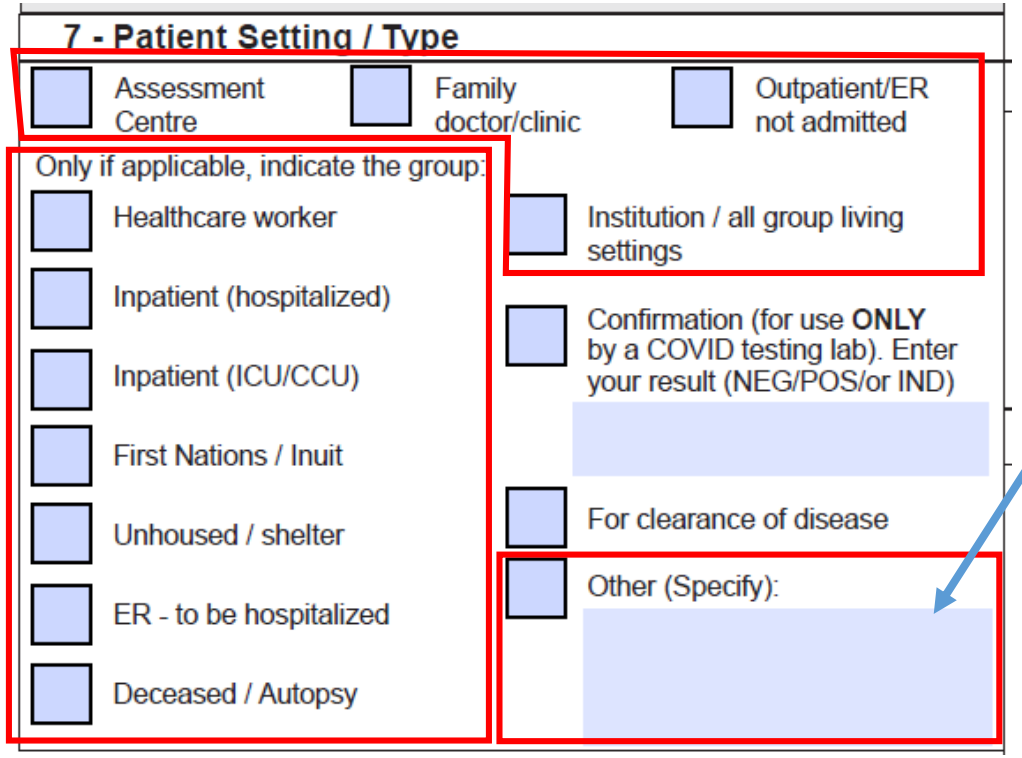
- **Health Card No:** if unavailable, enter a MRN
- **Address:** FULL address of location where patient is residing
- **Postal Code** required to validate health unit
- **Phone number –** of the shared living facility to facilitate PHU followup
- **Investigation/Outbreak No**: event specific

Enter name of **Primary Care Doctor** in **Other Clinician** so they can be authorized to receive results electronically (i.e. HRM) if enabled. Use accepted values as outlined in practitioner extract.

Provide details on **Travel** and **Exposure History** if available



All sections outlined in red MUST be completed

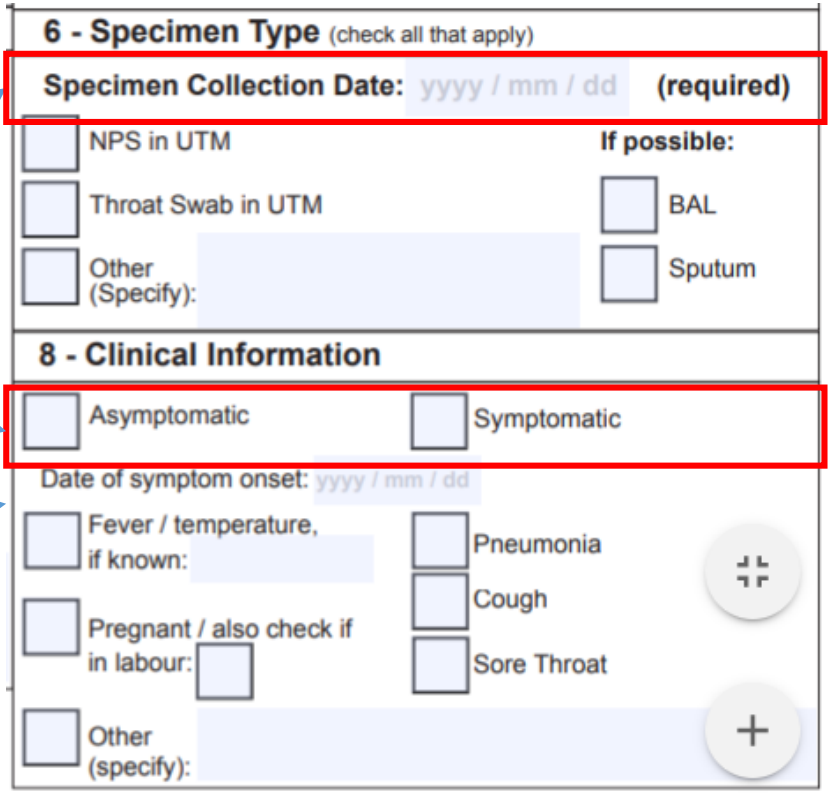


All sections: Patient Setting, Type and Other boxes MUST BE COMPLETED to support organizing and reporting of data.

- **Patient Location** – select where the patient/worker was tested
- **Group** – select most appropriate group for the patient
- **Other** - enter the **COVID-19 Mobile Testing Unique ID** *(e.g. LTC-1001) as* outlined in Shared Living Centre reference table available. Only these IDs must be used.
- Pre-print the COVID-19 Mobile Testing Unique ID on the requisition form if possible.

Specimen Collection Date and **Symptom Status** MUST BE COMPLETED

If patient is symptomatic, enter **date of symptom onset,** select all applicable **symptoms** and enter **Other** symptoms or additional details (e.g., temperature)



Practitioner extract available at:
https://www.ehealthontario.on.ca/en/practitionerextract/request
Shared Living Centre reference table available at:
https://www.ehealthontario.on.ca/images/uploads/support/Shared-Living_AssessCtr_COVID-19.xlsx