

COVID-19 Test Requisition (South Zone) Instructions for Use by Emergency Departments, Urgent Care Centres, Ambulatory Clinics



Attached is a revised requisition, to be used as part of COVID-19 testing, by all hospital ambulatory clinics, EDs and UCCs doing **asymptomatic testing** for COVID-19 in the South Zone. These sites are expected to continue to use their current ordering processes **for clinical testing of symptomatic patients**.

To comply with Accreditation standards, it is critical that information be as accurate and complete as possible. Missing or inaccurate information may lead to a delay in processing the specimens or may result in specimens being rejected.

The requisition can be downloaded from the following site:

<https://www.albertahealthservices.ca/frm-21599.pdf>

Patient Demographic Section

Ensure the Personal Health Number (PHN) is accurate and matches identification provided by the person being swabbed. If the person being swabbed is a resident of another province, ensure that the province of residence associated with the PHN is identified on the requisition.

The last and first names **must** match the last and first names of the identification. If you are using a label or a preprinted requisition form, and the preprinted demographic information does not match the identification that is presented at the time of testing, you **must** correct the information on the requisition.

Patient	PHN	Prov _____	Expiry _____	Date of Birth (dd-Mon-yyyy)	_____
	Legal Last Name		Legal First Name		Alternate Identifier
	Middle Name	Preferred Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Phone
			<input type="checkbox"/> X Non-binary/Prefer not to disclose		
Address		City/Town		Prov	Postal Code

Provider(s) Section

The Authorizing Provider will be the ED/UCC/Clinic physician at the site under whose authority the testing is being conducted. Missing or inaccurate information for the authorizing provider may lead to delays in processing the specimen.

Family Physician

If the patient consents and provides the name of their family physician, this should be included in the Copy To field and the lab will automatically send results to that physician.

First Nations Clients Living on Reserve

If the First Nation client's place of residence is on reserve, please add Dr. Yacoub to the copy to field, as follows:

Dr. Yacoub, Wadie Ramses
 Canada Place, 730- 9700 Jasper Ave NW, EDM
 780-495-3391

If the requisition is to be copied to another provider, ensure that the provider name in the copy to field(s) identifies the full name, address and phone number of the provider. Do not use abbreviations, and confirm correct spelling of the provider. Missing information and inaccuracies in this section may lead to delays in processing the specimen and delivering results to this provider.

Provider(s)	Authorizing Provider Name		Copy to Name <i>(last, first, middle)</i>	Copy to Name <i>(last, first, middle)</i>
	Address		Address	Address
	CC Provider ID	Millennium ID	Phone	Phone

Specimen/Type Source – Specify Section

Date Collected/Time Fields

The Date Collected, Time fields on the requisition must be completed and must match the information on the specimen. Discrepancies between the two may lead to a delay in processing the specimen or to a rejection of the specimen.

Outbreak (EI) Field

If you are undertaking swabbing activities at a site that is part of an Outbreak, you must enter the assigned outbreak number in the Outbreak (EI) field.

Specify Other Serology and Molecular Tests Fields

In the Specify Other Serology and Molecular Tests section, identify if the specimen is for COVID-19 only testing or for COVID-19/Respiratory Pathogen Panel testing.

Select the appropriate type of Swab (Nasopharyngeal or Throat) in the Swab section.

Specimen/Type Source - Specify				
Date Collected <i>(dd-Mon-yyyy)</i>	Time <i>(24 hr)</i>	Location	Collector ID	Outbreak (EI) <i>if applicable (yyyy-###)</i>
Specify Other Serology and Molecular Tests		Fluid		Swab
<input type="checkbox"/> COVID-19 only		<input type="checkbox"/> Bronchoalveolar Lavage (BAL)		<input type="checkbox"/> Nasopharyngeal
<input type="checkbox"/> COVID-19/Respiratory Pathogen Panel		<input type="checkbox"/> Nasopharyngeal Aspirate		<input type="checkbox"/> Throat
		<input type="checkbox"/> Endotracheal Suction		

Provide Clinical History or Reason for Testing Section

The requisition must identify if the person being swabbed is symptomatic or asymptomatic at time of testing. **Select only one.**

Provide Clinical History or Reason for Testing below - Testin Reason for Testing

Investigation for COVID-19 exposure

Check ONE: Symptomatic Asymptomatic

You must identify if the person being swabbed is immunocompromised or not. Select the appropriate box. If yes is selected, provide details.

Immunocompromised

No Yes (details) _____

Consent Section

NEW

Effective September 10, 2020, Albertans will be given a choice as to how results can be communicated to them.

You **must** ask the person being swabbed if he/she consents to receiving notification of either a positive or negative result via SMS text message, automated voice message or phone call. If the consent field is not checked, it will be assumed that the person has not consented and this *may* lead to delays in communicating results to the person.

If the person consents to receiving results via SMS text messaging, they must provide a number that can receive a text message.

If the person consents to receiving results via automated voice message (automated dialer), they must provide a valid telephone number that can receive voice messages directly, without an extension. **This must be a valid telephone number that can receive voice messages directly.** If a valid phone number is not identified in this section, this will lead to delays in communicating results to the person.

Consent

Contact Preference for COVID-19 Results:

Text Automated Dialer Phone call from AHS

Phone number: _____

Health Care Worker

Emergency Department/Urgent Care Centre/Ambulatory Clinic Swabbing

You must identify if the person being swabbed is a healthcare worker or not. If you are swabbing a patient at your ambulatory clinic, answer 'No' to the question 'Health Care Worker?'

Health Care Worker or Resident of LTC/DSL Facility?
 Yes No **If yes, specify:** _____ Full Facility Name

If the person being swabbed is a healthcare worker: The requisition asks to identify whether or not the healthcare worker works at a long-term care (LTC) or Designated Supportive Living (DSL) site. Ignore this question. It is intended to be used for LTC and DSL staff and residents who are being tested.

Health Care Worker or Resident of LTC/DSL Facility?
 Yes No **If yes, specify:** _____ Full Facility Name

You are required to identify the acute care facility that is associated with your ambulatory clinic. There are three fields to assist you in identifying this information:

Identifying LTC/DSL OR ED/UCC/Ambulatory Clinic Sites

You are required to identify the acute care facility that is associated with your ambulatory clinic. There are three fields to assist you in identifying this information:

Full Facility Name: Enter the full name of the facility, e.g., **Big Country Hospital - Ambulatory**

Location Code: Enter the exact location code assigned to this facility. The full list hospitals in the South Zone is on the back of this requisition (or on page two of the electronic version of the requisition), e.g., **OYE BCHA** (note: Ensure there is a space between the 3-digit city/town and the code for the hospital name). **IF** the location code is not listed in the Appendix, enter **NOT FOUND ON LIST**. **This location code is a required field.**

City or Town: This is a free text field and is intended to be used for quality control, to verify that the correct location code was used on the requisition. E.g., **Oyen**. This will ensure that if an incorrect location code is used, the correct location can be identified at time of processing the specimen.

Health Care Worker or Resident of LTC/DSL Facility?
 Yes No **If yes, specify:** _____ **Full Facility Name** _____ **Location Code** _____

Location Code Required
(see reverse for list of Codes)

City or Town _____