SickKids
THE HOSPITAL FOR SICK CHILDREN

MICROBIOLOGY-COVID LABORATORY
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LABORATORY REQUISITION FOR COVID-19 TESTING

***ALL FIELDS ARE MANDATORY. Complete Fields Clearly in Full to Avoid Delay in Reporting

For Ontario Residents Only	NO OHIP ☐ RED & WHITE OHIP CARD ☐
Provincial Health#:	**Version:**

Patient Information

Last Name:

First Name:

Parent/Guardian/Caregiver Name:

Date of Birth: (dd/mm/yyyy) Home Mailing Address: ☐ No fixed address	Sex assigned at Birth: ☐ Male ☐ Female Email address:
Postal Code:	Telephone Number:

Group (Check box): ☐ Student ☐ Camper ☐ Staff ☐ CMC ☐ Resident ☐ Family Member ☐ SK-Family Member ☐ Other:

Patient Setting: ☐ School ☐ Camp ☐ Shelter/Congregate ☐ Childcare centre ☐ Other:	Setting Name: (Specify full name of school/centre/site)

Outbreak/Investigation # (if known):

☐ **Asymptomatic (no symptoms)** ☐ **Symptomatic (specify)**: ☐ Fever ☐ Sore Throat ☐ Cough ☐ Nausea ☐ Vomitting ☐ Diarrhea ☐ Other (specify):

Date of onset of symptoms (dd/mm/yyyy):

COVID-19 Vaccination Status	Received: ☐ No vaccination ☐ Two doses more than 14 days ago

Specimen Collection Information

Date (dd/mm/yyyy):	**Time** (HH:MM):	**Specimen Type:**

Exposure History

Exposure to possible or confirmed case	☐ Yes ☐ No	Date of symptom onset of contact: Details:

TEST (LAB USE ONLY)

Submitter: SK THE HOSPITAL FOR SICK CHILDREN	Ordering Physician: Dr. Julia Orkin / LAB 11340
Test: MOBILE TESTING UNIT COVID-19 RT PCR	OHIP/CPSO/Prof. License number: 027153/86355