

## Questions related to Pathology and Laboratory Medicine for Continuing Care and First Nations- In Home Covid-19 Swab Collections

**Last Updated: June 4, 2020**

Changes include:

- Include link to Sample Collection Kit poster to #1
- Updated information on email for negative results in #5
- Update of the infographic for completing specific fields in #5

### 1. There are different types of swabs being sent to us, what are the difference and how should we use them?

The Nasopharyngeal swab (NPS) (viral transport swab kit) is the traditional swab for influenza testing. Given the limited supply we have validated an alternative; the alternate Aptima (HOLOGIC) multitest swab kit can be used for Throat/nares testing only. The Aptima swab cannot be used for nasopharyngeal swab collection. Instructions on their use can be found here:

[Collection Instructions for Nasopharyngeal Swabs](#)

[Collection Instructions for Alternate Collection of Throat and Nares Swabs with Aptima Multitest](#)

[COVID-19 Sample Collection Kits](#)

NPS – Viral Transport



Aptima – Throat/Nares



### 2. Which swab should we use for testing?

- **COVID-19 testing** - Either the NPS in viral transport or the Throat/nares swab using the Aptima multitest kit can be used for detection of COVID-19.

### 3. Where do we order swabs?

There is no change in the process of ordering swabs.

- Central zone – order direct from Central zone QEII Microbiology laboratory using the form in Appendix A below.
- Eastern/Northern/Western zones – order direct from your local/regional laboratory.

Laboratories will distribute either the NPS viral transport or the alternate Aptima (HOLOGIC) multitest swab kit based on provincial availability.

#### 4. What laboratory requisition do I complete?

Complete the zone specific Continuing Care COVID-19 requisition:

[Lab Requisition - Continuing Care - CZ](#)

[Lab Requisition - Continuing Care - EZ](#)

[Lab Requisition - Continuing Care - NZ](#)

[Lab Requisition - Continuing Care - WZ](#)

For First Nations, complete the [Lab Requisition – First Nations](#) requisition

#### 5. What information is important to ensure is complete on the laboratory requisition and specimen?

- Ensure all the information requested on the requisition is complete and legible. The authorized requestor's signature (Dr. Watson-Creed) is not required as this falls under the [Care Directive](#). The signature of the person collecting the sample is acceptable in this circumstance.
- Label the specimen with the official name and date of birth of the person being swabbed, along with their health card number. Ensure the information on the specimen matches the information on the requisition.
- Include the indication of the setting or context (e.g., homecare setting as collected by Community nursing).
- Ensure the contact number of the person being swabbed is accurate and legible to ensure Public Health can contact the person.
  - There is now the option of providing negative results via email. To utilize this service, ensure the person's email is clearly written in the contact field
- Ensure the "Copy to clinician" is completed if available – e.g., family physician.

**nova scotia health authority**  
 Department of Pathology and Laboratory Medicine  
**Laboratory Requisition**

**Ordering clinician/practitioner information:**  
 Ordering clinician/practitioner: **Watson-Creed, Gaynor**  
 PRN (Physician registration #): **13976**  
 Address: \_\_\_\_\_  
 Telephone (for critical results): \_\_\_\_\_

**Copy to clinician/practitioner name:** \_\_\_\_\_  
 PRN: \_\_\_\_\_

**Priority:**  Routine  Urgent

**Authorized requestor's signature:** \_\_\_\_\_  
 Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_ (requisition expires one year from this date)

*Please visit our website for more information:  
[www.cdha.nshealth.ca/pathology-laboratory-medicine](http://www.cdha.nshealth.ca/pathology-laboratory-medicine)*

**Patient's Information:**  
 Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Full address: Street \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_  
 HCN (Health card #): \_\_\_\_\_  
 Health card province: \_\_\_\_\_ Expiry date: \_\_\_\_\_  
 Unique Identifier #: \_\_\_\_\_ (if HCN is not available)  
 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
 Telephone: (\_\_\_\_) \_\_\_\_\_ (12 hours from collection)

**PATIENT CONTACT INFORMATION: (if applicable)**  
 Phone number:  home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Please print \_\_\_\_\_

Collected by signature: \_\_\_\_\_ ID # (from Capital Health): \_\_\_\_\_  
 Date collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24-hour clock) hrs

**Outbreak Investigation?**  
 No  Yes - provide Public Health Outbreak # \_\_\_\_\_

All information in this grey patient information area must be completed in full for all clients (e.g., HCW or resident/patient)

Ensure Copy to clinician/practitioner is completed

Collect patient contact information in full.

can be a nursing/collector signature, authorized requestor's signature not required as per the care directive

**PATIENT CONTACT INFORMATION: (if applicable)**  
 Phone number:  home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Please print \_\_\_\_\_

**REASON FOR TESTING / OTHER INFORMATION :**

**Continuing care**  
 Resident or  Staff / HCW

**Facility / Site / Other:** \_\_\_\_\_ e.g., LTC Northwood Halifax

For admission to HC/LTC  
 Pre-op swab; surgery date (YYYY / MM / DD): \_\_\_\_\_

Collected by information must be completed in full. Outbreak investigation must be filled out if part of an outbreak.

**Examination requested**

For the First Nations Requisition, complete the fields as above but also include the following:

Ordering clinician/practitioner: **Watson-Creed, Gaynor** telephone: \_\_\_\_\_ (12 hours from collection)  
 PRN (Physician registration #): **13976**  
 Address: \_\_\_\_\_  
 Telephone (for critical results): \_\_\_\_\_

**Copy to clinician/practitioner name:** \_\_\_\_\_  
 PRN: \_\_\_\_\_

**Priority:**  Routine  Urgent

**Authorized requestor's signature:** \_\_\_\_\_  
 Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_ (requisition expires one year from this date)

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[www.cdha.nshealth.ca/pathology-laboratory-medicine](http://www.cdha.nshealth.ca/pathology-laboratory-medicine)*

**PATIENT CONTACT INFORMATION:**  
 Phone number:  home \_\_\_\_\_  
 cell \_\_\_\_\_  
 Email address: \_\_\_\_\_

Collected by signature: \_\_\_\_\_ ID # (from Capital Health): \_\_\_\_\_  
 Date collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24-hour clock) hrs

**Outbreak Investigation?**  
 No  Yes - provide Public Health Outbreak # \_\_\_\_\_

\*New\* Please include up to date patient contact information to assist with follow up

First Nations Client - please indicate the residence

**REASON FOR TESTING / OTHER INFORMATION :**

**Assessment Site / Other:** \_\_\_\_\_

**First Nations - residence:**

<input type="checkbox"/> Acadia	<input type="checkbox"/> Eskasoni	<input type="checkbox"/> Millbrook	<input type="checkbox"/> Potlokek	<input type="checkbox"/> Waycobah
<input type="checkbox"/> Annapolis Valley	<input type="checkbox"/> Glooscap	<input type="checkbox"/> Paqtnkek	<input type="checkbox"/> Sipekne'katik	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Bear River	<input type="checkbox"/> Membertou	<input type="checkbox"/> Pictou Landing	<input type="checkbox"/> Wagmatcook	

## 6. Why are some swab samples not processed?

If the cap on the swab is not tightened and it leaks the sample will not be processed. Please ensure the caps are tightened and the requisition has proper client identification and contact information and the swab is labeled properly.

## 7. Any collection or shipping tips?

- Don't delay in shipping samples to your local laboratory drop off location. Reach out to them to understand their shipping schedules.
- Follow the Off-Site Viral Swab Packaging for Transport [Procedure](#) and [Job Aid](#) for transporting swabs to the laboratory.

## 8. How frequently is COVID-19 testing performed?

Testing for the province currently occurs at the Central zone QEII Microbiology laboratory in Halifax. Testing operations are supported 24/7.

## 9. How long does it take to get results?

Once the swab arrives to the QEII Microbiology lab, your results should be available in 12 hours. It is important to send the swabs as soon as possible to the laboratory to maximize turnaround times.

## 10. Who receives and follows up with the results?

Public Health will receive and follow up with the person who was swabbed (patient, staff etc.).

## 11. What should I know about the Covid-19 laboratory testing?

The Laboratory has developed a [Frequently Asked Questions](#) document that is updated as questions arise.

For direct use only if in Central Zone (Halifax, Eastern Shore and West Hants)  
Other Zones should order kits from your Local / Regional Lab



**VIRAL TRANSPORT SWAB KIT ORDER FORM** (September 2016)

**FAX ORDER TO: 902-473-7971**

All requested information must be completed in full; otherwise order will not be filled.

<b>SHIPPING INFORMATION (Ship to):</b>		<b>SHIPPING INSTRUCTIONS:</b>	
Name:			
Address:			
Postal Code:			
Phone:			
Contact Name:			
<b>*COURIER INFORMATION:</b>			
*Courier Name:			
*Courier Account #			
*Courier Phone #			
<b>QUANTITY OF SWAB KITS REQUESTED:</b>		<b>LAB USE ONLY:</b>	
	Swabs Requested		Swabs Shipped
			Date Shipped
			Expiration Date
			Initials

**ORDERING INFORMATION**

1. Please fax request using the "Viral Transport Swab Kit Order Form"
  - Fax to (902) 473-7971.
  - Order in single units of swabs, NOT in cases or boxes.
2. When ordering please keep in mind the following:
  - The viral transport swab kits have components that have a short shelf-life and therefore have expiry dates. Please order according to your needs instead of "stock-piling".
3. Orders will be processed and mailed using Canada Post and should arrive in 1-2 weeks.
4. \*If you prefer a courier service, please indicate your courier name / account number and the courier phone number in the courier information area of the order form.
5. All orders received are subject to verification. The quantities ordered may be subject to change depending on provincial supplies.

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Nova Scotia Health Authority – QEII Health Sciences Cnt - Division of Microbiology - Viral Swab Contact Information  
5788 University Ave. | Halifax, N.S. B3H 1V8 | Ph. 902-473-6881 | Fax. 902-473-7971