

# COVID-19 ALTERNATE TESTING SITE



Department of Pathology and Laboratory Medicine

## Laboratory Requisition - Microbiology

### Authorized requestor's information:

Ordering clinician/practitioner \_\_\_\_\_

PRN (Physician registration #) \_\_\_\_\_

Copy to clinician/practitioner name \_\_\_\_\_

PRN (Physician registration #) \_\_\_\_\_

**Packing instruction: place in individual bag and indicate Rapid antigen screen POSITIVE for confirmatory COVID-19 PCR on outer sample bag**

### Patient's information:

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Full address \_\_\_\_\_ Street \_\_\_\_\_

\_\_\_\_\_ City / Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

HCN (Health card) # \_\_\_\_\_

Health card province \_\_\_\_\_ Expiry date \_\_\_\_\_ YYYY / MM / DD \_\_\_\_\_

Unique identifier \_\_\_\_\_ if HCN not available \_\_\_\_\_ Type \_\_\_\_\_

Student ID# \_\_\_\_\_

Date of birth \_\_\_\_\_ YYYY / MM / DD \_\_\_\_\_  Male  Female

Phone number  home \_\_\_\_\_

cell \_\_\_\_\_

Email address \_\_\_\_\_

Collection location \_\_\_\_\_

Collection date \_\_\_\_\_ YYYY / MM / DD \_\_\_\_\_ Collection time \_\_\_\_\_ 24 hour clock \_\_\_\_\_ hrs

Collected by / role \_\_\_\_\_

### REASON FOR TESTING / OTHER INFORMATION :

**Rapid antigen screen POSITIVE for confirmatory Covid-19 PCR testing (do not pool)**

Targeted Asymptomatic e.g. pop-up testing and/or mobile unit

Traveler

School

NSH / IWK Workplace

Workplace Screening Program: \_\_\_\_\_

### Examination requested

COVID-19 Test

### Specimen Source

- Nasopharyngeal
- Nares/Throat
- Gargle

### Microbiologists' phone numbers

#### Bacteriology

Dr. Ross Davidson 902-473-5520  
Dr. David Haldane 902-473-2392  
Dr. Glenn Patriquin 902-473-7493  
Dr. Ian Davis 902-473-4096

#### Virology / Immunology / Molecular

Dr. Todd Hachette 902-473-6885  
Dr. Jason LeBlanc 902-473-7698

**On-call Microbiologist 902-473-2220**