

HALTON REGION PUBLIC HEALTH • Office of the Medical Officer of Health

TEL: 905-825-6000 • TOLL FREE: 1-866-442-5866 • FAX: 905-825-1444

TO: Halton Physicians, Nurse Practitioners, Emergency Departments

FROM: Dr. Deepika Lobo, Associate Medical Officer of Health

DATE: May 29, 2020

RE: **COVID-19 Testing in Halton Region**

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### **Testing at the Assessment Centers in Halton Region**

- Assessment centres are working hard to ensure access for anyone who desires to get tested
- To ensure physical distancing and avoid crowding, testing at the assessment centers is by appointment only; **there are no walk-in assessment centers in Halton Region**
- Anyone who desires to get tested please call ahead and make an appointment
  - Residents of Oakville, Milton or Halton Hills can book an appointment at a Halton Healthcare Assessment Centre by calling 905-203-7963;
  - Residents of Burlington can call 905-632-3737 ext. 6550 to book an appointment at the Joseph Brant Hospital COVID Assessment Clinic
- Using an appointment based model helps ensure that appropriate infection prevention and control measures are followed to protect the patient and staff

### **In-home testing by Paramedics Team**

- Halton Region Community Paramedics Program (CPP) can provide in-home testing for your patient if:
  - Patient has physical challenges/immobility issues and cannot be transported to the assessment center for testing
  - Patient is symptomatic with COVID-19 like symptoms and cannot access private transport to the assessment center
- If you want to arrange in-home testing by paramedics, fill out the attached PHOL laboratory requisition form and fax it to **905-825-3853**
- If the testing is for palliative or Long-Term Care Home admission (both time sensitive), write “urgent palliative” or “urgent LTCH admission” so that they can be prioritized appropriately
- Please ensure that you have filled out the correct patient address and the best phone number they can be reached at
- CPP team will get in touch with your patient to schedule the testing

Please report all suspected/confirmed cases of [Diseases of Public Health Significance](#) to Public Health immediately by calling 311, 905-825-6000 or toll free at 1-866-442-5866.

PLEASE POST IN EMERGENCY DEPARTMENTS AND PHYSICIAN LOUNGES – IF YOU CAN’T ACCESS HYPERLINKS OR DIDN’T RECEIVE IN FULL, PLEASE EMAIL [DOCTORS@HALTON.CA](mailto:DOCTORS@HALTON.CA) FOR ELECTRONIC COPY.

# COVID-19 Virus Test Requisition

<b>For laboratory use only</b>	
Date received: <b>yyyy / mm / dd</b>	PHOL No.:

**ALL Sections of this form must be completed at every visit**

**1 - Submitter Lab Number (if applicable):**

**Ordering Clinician (required)**  
 Surname, First Name:  
 OHIP/CPSO/Prof. License No:  
 Address:  
 Postal code:  
 Phone: (###) ###-#### Fax: (###) ###-####

**cc Hospital Lab (for entry into LIS)**  
 Hospital Name:  
 Address (if different from ordering clinician):  
 Postal Code:  
 Phone: (###) ###-#### Fax: (###) ###-####

**cc Other Clinician or ICP:**  
 Surname, First name:  
 OHIP/CPSO/Prof. License No.:  
 Address:  
 Postal code:  
 Phone: (###) ###-#### Fax: (###) ###-####

**2 - Patient Information**

Health Card No.:	Medical Record No.:
Last Name:	
First Name:	
Date of Birth: <b>yyyy / mm / dd</b>	Sex: M F
Address:	
Postal Code:	Patient Phone No.: (###) ###-####
Investigation / Outbreak No.:	

**3 - Travel History**

Travel to:

Date of Travel: <b>yyyy / mm / dd</b>	Date of Return: <b>yyyy / mm / dd</b>
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**4 - Exposure History**

Exposure to probable, or confirmed case? Yes No

Exposure details:

Date of symptom onset of contact: **yyyy / mm / dd**

**5 - Test(s) Requested**

COVID-19 Virus	Respiratory viruses check <b>ONLY</b> if required for hospitalized patient or those in group setting)
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**7 - Patient Setting / Type**

Assessment Centre	Family doctor / clinic	Outpatient / ER not admitted
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Only if applicable, indicate the group:

Healthcare worker	Institution / all group living settings
Inpatient (hospitalized)	Confirmation (for use <b>ONLY</b> by a COVID testing lab). Enter your result (NEG/POS/ or IND)
Inpatient (ICU / CCU)	
First Nations / Inuit	
Unhoused / shelter	For clearance of disease
ER - to be hospitalized	Other (Specify):
Deceased / Autopsy	

**6 - Specimen Type** (check all that apply)

**Specimen Collection Date: **yyyy / mm / dd** (required)**

NPS in UTM	<b>If possible:</b>
Throat Swab in UTM	BAL
Other (Specify):	Sputum

**8 - Clinical Information**

Asymptomatic	Symptomatic
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Date of symptom onset: **yyyy / mm / dd**

Fever / temperature, if known:	Pneumonia
Pregnant / also check if in labour:	Cough
	Sore Throat

Other (specify):

**CONFIDENTIAL WHEN COMPLETED**  
 The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36(1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO laboratory Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. Form No. F-SD-SCG-4000 (04/13).