Enteric Testing Reference Sheet

The content below is subject to change. Please consult with Halton Region Public Health to confirm testing recommendations and obtain direction on specimen pick up/transport.

Quick Facts

- Residents who are exhibiting signs or symptoms consistent with enteric illness are recommended to be isolated and placed on Contact precautions (and Droplet precautions if exposure to vomitus is anticipated), be medically assessed, and be tested as soon as possible.
- Testing for gastroenteritis viruses is completed using Multiplex Gastrointestinal Viral PCR (MGVP). MGVP detects adenovirus, rotavirus, norovirus GI, and norovirus GII.
- Only collect enteric samples from residents who meet the outbreak case definition. Formed stools will be **cancelled** as unsuitable for testing.
- A limit of 5 outbreak specimens is routinely accepted for testing by PHOL. Testing will cease once the same gastrointestinal virus is found in two or more samples from the outbreak.

Refer to Public Health Ontario's Test Information Index for Gastroenteritis- Enteric Viruses for additional eligibility, acceptance and rejection criteria.

Specimen Collection Kits

Refer to PHO's Virus-Enteric Kit Instruction Sheet for detailed specimen collection instructions

- Refer to PHO's Kit and Test Ordering Instructions to order specimen collection kits.
- Facilities may pick up collection kits at Halton Region Admin Centre, 1151 Bronte Rd. Oakville. Call 311 to arrange for pick-up.
- Virology samples may be submitted in a sterile collection container (such as a urine sample container).
- Always check the expiration date on vials before using them.
- Collect specimens within 48 hours of symptom onset when possible.
- Label the specimen container with the patient's first **AND** last name, **AND** date of collection, **AND** one other unique identifier such as the patient's date of birth or Health Card Number. Failure to provide this information may result in rejection of the sample.
- Specimens that have been in contact with water in the toilet are unacceptable.
- Using the scoop attached to the lid of the vial**,** select different areas of the faecal specimen (preferably ones with blood, mucus or pus if present), and transfer to the vial(s) as follows:
    - **Virology: (Most Requested Test for Enteric Outbreaks)**
        - **WHITE-capped vial (with no liquid fixative) with a plastic scoop fitted inside the cap.**
        - **Add faeces up to the line indicated. Do not overfill.**
        - **Replace and tighten cap.**
        - **Store in the designated refrigerator.**
    - Bacteriology: GREEN-capped vial with red-coloured transport medium with a plastic spatula fitted inside the cap.
        - Add faeces up to the line indicated. Do not overfill.
        - Mix into transport medium.
        - Replace and tighten cap.
        - Store in the designated refrigerator.

    - Parasitology: YELLOW-capped vial with clear liquid preservative and plastic spatula. (Note: The YELLOW-capped vial should always be accompanied by a WHITE-capped vial.)
- Add faeces up to the line indicated. Do not overfill.
    - Mix well into the liquid.
    - Replace and tighten cap.
    - Store at room temperature.
- Make sure there are no fecal matter stains on the outside of the vial.
- Place stool specimen container(s) in the biohazard bag and seal the bag. Insert the completed requisition in the pocket outside of the sealed biohazard bag.



WHITE = VIRAL (No liquid fixative)

YELLOW = PARASITOLOGY (clear liquid fixative)

GREEN = BACTERIOLOGY (red liquid fixative)

Completing the General Test Requisition

- Access the General Test Requisition and print the requisition.
- Complete the mandatory sections including:
- **Submitter / Health Care Provider Information:** This is the primary submitter section. It should be completed in full, or the sample will be cancelled, and a new specimen will need to be submitted.
    - **Patient Setting:** select Congregate Living Setting
    - **Testing Indication(s) / Criteria**
    - **Signs / Symptoms: Indicate onset date**
        - Requisitions with no symptoms checked off will not be tested for enteric viruses.
    - **Patient Information**
        - Patient's full name, address, date of birth and Health Card Number (must match the specimen label).
        - **Outbreak number**
- Indicate specimen collection date
    - **Test(s) Requested:**
        - Indicate MGVP (Multiplex Gastrointestinal Viral PCR)

General Test Requisition

Public Health Ontario | Santé publique Ontario

ALL sections of the form must be completed by authorized health care providers for each specimen submitted, or testing may be delayed or cancelled.
Verify that **all testing requirements** are met before collecting a specimen.
For **HIV or culture isolate** requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

Submitter / Health Care Provider (HCP) Information

Licence No.: | Lab / Hospital or Facility Name:

HCP Full Name:

Address:

City: | Postal Code: | Province:

Tel: | Fax:

Copy to Other Lab / Health Unit / Authorized Health Care Provider (HCP)

Licence No.: | Other Lab / Health Unit / Facility Name:

HCP Full Name:

Address:

City: | Postal Code: | Province:

Tel: | Fax:

Patient Setting

- ☐ Clinic / Community
- ☐ ER (Not Admitted / Not Yet Determined)
- ☐ ER (Admitted)
- ☐ Inpatient (Non-ICU)
- ☐ ICU / CCU
- ☐ Congregate Living Setting

Testing Indication(s) / Criteria

- ☐ Diagnosis
- ☐ Screening
- ☐ Immune Status
- ☐ Follow-up / Convalescent
- ☐ Pregnancy / Perinatal
- ☐ Impaired Immunity
- ☐ Post-mortem

Other (Specify):

Signs / Symptoms

- ☐ No Signs / Symptoms
- ★ **Onset Date (yyyy-mm-dd):**
- ☐ Fever
- ☐ Rash
- ☐ STI
- ☐ Gastrointestinal
- ☐ Respiratory
- ☐ Hepatitis
- ☐ Meningitis / Encephalitis

Other (Specify):

Relevant Exposure(s)

- ☐ None / Not Applicable
- Most Recent Date (yyyy-mm-dd):
- Occupational Exposure / Needlestick Injury (Specify): ☐ Source ☐ Exposed

Other (Specify):

Relevant Travel(s)

- ☐ None / Not Applicable
- Most Recent Date (yyyy-mm-dd):

Travel Details:

Patient Information

Health Card No.:

Date of Birth (yyyy-mm-dd): | Medical Record No.:

Sex: ☐ Male ☐ Female ☐ Trans woman ☐ Trans man

Last Name:

First Name:

Address: | Postal Code:

City: | Tel:

Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Specimen Information

★ **Date Collected (yyyy-mm-dd):** | **Submitter Lab No.:**

- ☐ Whole Blood
- ☐ Serum
- ☐ Plasma
- ☐ Bone Marrow
- ☐ Cerebrospinal Fluid (CSF)
- ☐ Nasopharyngeal Swab (NPS)
- ☐ Oropharyngeal / Throat Swab
- ☐ Sputum
- ☐ Bronchoalveolar Lavage (BAL)
- ☐ Endocervical Swab
- ☐ Vaginal Swab
- ☐ Urethral Swab
- ☐ Urine
- ☐ Rectal Swab
- ☐ Faeces

Other (Specify type AND body location):

Test(s) Requested

Enter each assay as per the publichealthontario.ca/testdirectory:

1. MGVP
2.
3.
4.
5.
6.

For routine hepatitis A, B or C serology, complete this section instead:

Hepatitis A
- ☐ Immune Status (HAV IgG)
- ☐ Acute Infection (HAV IgM, signs/ symptoms info)

Hepatitis B
- ☐ Immune Status (anti-HBs)
- ☐ Chronic Infection (HBsAg + total anti-HBc)
- ☐ Acute Infection (HBsAg + total anti-HBc + IgM if total is positive)
- ☐ Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)

Hepatitis C
- ☐ Current / Past Infection (HCV total antibodies)
  No immune status test for HCV is currently available.

The personal health information is collected under the authority of the *Personal Health Information Protection Act*, 2004, s.36 (1)(c) (ii) for the purposes specified in the *Ontario Agency for Health Protection and Promotion Act*, 2007, s.1 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1000, version 004.5 (September 2026).

Ontario

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