Respiratory 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 acute respiratory illness are recommended to be placed on Additional Precautions, be medically assessed, and be molecular tested for COVID-19 and other respiratory pathogens as soon as possible.
- Testing for respiratory pathogens is completed using FLUVID or Multiplex Respiratory Virus PCR (MRVP).
    - FLUVID detects: influenza A, influenza B, respiratory syncytial virus (RSV A/B), and SARS-CoV-2 (COVID-19).
- MRVP detects: COVID-19, influenza A, influenza A H3 subtype, influenza A H1 (pdm09) subtype, influenza B, respiratory syncytial virus (RSV A/B), parainfluenza (1 - 4), adenovirus, enterovirus, seasonal human coronavirus (OC43, 229E, NL63, HKU1), rhinovirus and human metapneumovirus.

Refer to Public Health Ontario's Test Information Index for Respiratory Viruses (including influenza) for additional eligibility, acceptance and rejection criteria.

Specimen Collection Kits

- Molecular transport media (media containing guanidine) is unsuitable for influenza rapid testing. If you are not using the Virus-Respiratory Collection Kit: order #390082, refer to the Specimen Requirements table here for acceptable alternative kits.
- 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.
- Collection kits are ordered through the PPE Supply Portal.

Completing the General Test Requisition

- Access the General Test Requisition and print outbreak specimen requisitions on green paper or another paper colour other than white. **Do not use white paper for outbreak specimens.**
- 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
        - Requisitions lacking patient setting will not be tested for respiratory viruses.
    - **Testing Indication(s) / Criteria**
    - **Signs / Symptoms:** indicate onset date
        - Asymptomatic individuals (or requisitions with no symptoms checked off) will not be tested for respiratory viruses.
    - **Patient Information**
        - Patient's full name, address, date of birth, and Health Card Number (must match the specimen label).
        - Investigation or outbreak number.
    - **Specimen Information**
        - Indicate specimen collection date

- **Test(s) Requested**
  - Indicate “Respiratory Viruses” **and/or** “COVID-19 Virus”

- **See a highlighted example of the test requisition below**

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. Respiratory Viruses
2. COVID-19
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) (iii) 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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