

# COVID-19 VIRUS REQUEST FORM (2020)

Address for Non-PEI Residents Required

Provincial Microbiology Laboratory  
 Queen Elizabeth Hospital  
 Charlottetown, PEI  
 Phone (902)894-2312 Fax (902)894-2120

Name: \_\_\_\_\_  
 Street: Place Label Here  
 City: \_\_\_\_\_ Prov./State: \_\_\_\_\_  
 Postal Code/Zip: \_\_\_\_\_ Patient Phone # \_\_\_\_\_

<b>Specimen Collected</b>	<b>Payment Responsibility</b>	<b>DOB:</b> YYYY-MM-DD	<b>Sex</b>	<b>Medical Record Number (MRN)</b>
By: _____ Date: YYYY/MM/DD Time: HH:MM	<input type="checkbox"/> WCB <input type="checkbox"/> DVA <input type="checkbox"/> DND <input type="checkbox"/> RCMP <input type="checkbox"/> Self Pay Canadian <input type="checkbox"/> Self Pay Non-Canadian Provincial Medicare # exp. date: _____			

**Ordering MD: CHIEF HEALTH OFFICER (CHO)**    Location:  West    East    Other Site: \_\_\_\_\_

Alternative ordering MD/NP: \_\_\_\_\_    Site: \_\_\_\_\_

**Swabbing clinic**                       **Cough and Fever clinic**  
 **NP swab**                                       **Nasal/throat swab**

**Symptoms (check off any applicable symptoms below):**

<input type="checkbox"/> Fever * (38°C or higher in past 24 hrs)	<input type="checkbox"/> Cough (past 2 days)	<input type="checkbox"/> Runny Nose
<input type="checkbox"/> Chills	<input type="checkbox"/> Worsening Cough	<input type="checkbox"/> Headache
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Marked Fatigue
<input type="checkbox"/> Other symptoms (list): _____		

Long term care resident

Community care resident

Group home resident

Health Care Provider  
 Family Member of Health Care Provider  
 Role of Health Care Provider: \_\_\_\_\_ Location: \_\_\_\_\_  
 Check off any statement below that applies to the health care provider:  
 Direct hands on contact with patients suspected or confirmed to have COVID-19  
 Works at QEH or PCH Laboratories  
 Absence/home isolation would have a profound affect on patient or resident care

Traveled off island within the last 14 days  
 Where: \_\_\_\_\_ When: \_\_\_\_\_

Close Contact  
 Confirmed Case                       Person Under Investigation (swabbed, awaiting results)

Special request of the Chief Public Health Office or Staff  
 Explain: \_\_\_\_\_

Abnormal vitals (as applicable)  
 Temp: \_\_\_\_\_ °C    HR: \_\_\_\_\_    RR: \_\_\_\_\_    O<sub>2</sub> Sats: \_\_\_\_\_

Assessment Performed by (signature) : \_\_\_\_\_

\* Fever in Seniors are broadly defined

**Lab use only:**     Priority 1     Priority 2     Priority 3     GE     BD     HFX