

COVID-19 TESTING LAB REQUISITION REQUIREMENTS FOR PROVIDERS

UPDATED JUNE 8, 2020



Public Health Laboratory
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Virology Requisition



The form is divided into several sections:

- Section 1 - Patient Information:** Includes fields for Personal Health Number (PHN), DOB, Gender, Patient Suriname, Patient First and Middle Name, Phone Number, Address, City, and Postal Code.
- Section 2 - Healthcare Provider Information:** Includes fields for Ordering Physician (Name and MSP#), Additional Copies To (Address / MSP#), and Clinic or Hospital (Name and address of report delivery).
- Section 3 - Test(s) Requested:** Includes Patient Status (Hospital inpatient, ER patient, History of contact with infection, Travel history), Signs / Symptoms (Asymptomatic, Cough, Fever, Upper Respiratory Infection, Other specify: sore throat), Respiratory Viruses (Nasopharyngeal swab, Nasal swab, Bronchoalveolar Lavage, Other specify: COVID-NAT, HCW!), Herpes Viruses (Genital lesion for HSV, Non-genital lesion for HSV, Skin swab for Varicella-Zoster, Other specify:), Gastrointestinal Viruses (Feces* for: GI Panel, Other specify:), Measles / Mumps / Rubella Viruses (Measles, Rubella*, Urine, Nasal / Nasopharyngeal swab, Other specify:), Mumps (Buccal swab, Urine), and Biopsy / Autopsy / Other Tests (Specify:).

Red boxes and callouts highlight the following requirements:

- 1:** Patient Information section.
- 2:** Ordering Physician name and MSP#.
- 3:** Additional Copies To field, specifically 'Urgent Virtual Clinic NHA' and 'Dr. Steven Chang'.
- 4:** Patient Status section, specifically 'History of contact with infection' and 'Travel history'.
- 5:** Signs / Symptoms section, specifically 'Fever' and 'Other specify: sore throat'.
- 6:** Respiratory Viruses section, specifically 'COVID-NAT' and 'HCW!'.

ONLY cc to the urgent virtual clinic (VC) if you are a VC provider.

DO NOT add this if you are referring patients from your own practice or another clinic

#	Section	Required	Details
1	Patient Information	Yes	Patient Name, DOB or PHN (both preferred – although some patients do not have PHN or are unable to provide it during their appointment), contact phone # address inc. postal code (address may be “no fixed address”)
2	Ordering Provider	Yes	Name and MSP#; *If a resident or provisional provider, this will include the provider name and MSP they are working under*
3	Copies to	If applicable	For all orders originating from virtual clinic ‘Urgent Virtual Clinic NHA’ (for other PCP add your clinic if applicable) Patients primary care provider IF applicable (ie ordering provider is not the PCP)
4	Patient Status	No	IF APPLICABLE contact or travel history – otherwise, leave blank
5	Signs & Symptoms	No	This section is optional and not required
6	Resp. Viruses		
	A. Test name	Yes	‘COVID-NAT’ this is the test being ordered
	B. Priority Code	Yes	This code is used to prioritise testing– see page 2 for codes

NOTE – A Standard Outpatient Laboratory Requisition is also acceptable if it has the required information

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To prioritize testing, label the requisition as coming from:

- **HOS** –
 - Symptomatic Hospital (Inpatient)
 - Symptomatic patients admitted to hospital for surgery
 - Symptomatic Emergency Department (with intent to admit)
 - Symptomatic pregnant woman in their 3rd trimester
 - Symptomatic Renal patients
 - Symptomatic Cancer patients receiving treatment
 - Symptomatic Other immunocompromised patients
- **LTC** – long Term Care facility
- **OBK** – Outbreaks, clusters or case contacts
 - Including people who are homeless or have unstable housing
- **HCW1** – Health Care Worker – Direct Care
 - Essential service providers (incl. first responders)
- **HCW2** – Health Care Worker – Non Direct Care
- **CMM** – Community; Community or Outpatient, including Urgent and Primary Care Centres
- **CGT** – People living in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences.
- **TRE** – Tree planters
- **FN-COMM** – Remote First Nations Communities (Symptomatic) – to be used only on patients from the following specific communities when the collection is done in the community (all other FN communities can be coded as CMM):
 - Takla Lake, Yekooche, Tl'azt'en, Nak'azd'li
 - Kwadacha, and Tsay Keh Dene
 - Fort Nelson First Nation
 - Gitgaat, Kitkatla, Lax Kwalaams (port Simpson), and Metlakatla
 - Tahltan (Telegraph Creek) and Iskut

If the requisition is missing the priority code – and the sample is collected in the community or outpatient setting, including urgent and primary care centres, or other designated Northern health community Collection sites, the samples will be processed as 'CMM'

NOTE – A Standard Outpatient Laboratory Requisition is also acceptable if it has the required information