

COVID-19 ALTERNATE TESTING SITE



Department of Pathology and Laboratory Medicine

Laboratory Requisition - Microbiology

Authorized requestor's information:

Ordering clinician/practitioner **DR. SHELLEY DEEKS**

PRN (Physician registration #) **18742**

Copy to clinician/practitioner name _____

PRN (Physician registration #) _____

Packing instruction: place in individual bag and indicate Rapid antigen screen POSITIVE for confirmatory COVID-19 PCR on outer sample bag

Patient's information:

Name _____ Last _____ First _____ Middle _____

Full address _____ Street _____

_____ City / Town _____ Province _____ Postal Code _____

HCN (Health card) # _____

Health card province _____ Expiry date _____ YYYY / MM / DD _____

Unique identifier _____ if HCN not available _____ Type _____

Student ID# _____

Date of birth _____ YYYY / MM / DD _____ Male Female

Phone number home _____

cell _____

Email address _____

Collection location _____

Collection date _____ YYYY / MM / DD _____ Collection time _____ 24 hour clock _____ hrs

Collected by / role _____

REASON FOR TESTING / OTHER INFORMATION :

Rapid antigen screen POSITIVE for confirmatory Covid-19 PCR testing (do not pool)

Employer testing

(indicate employer / site) _____

Pop-up clinic testing

Examination requested

COVID-19 Test

Specimen Source

- Nasopharyngeal
- Nares/Throat
- Gargle

Microbiologists' phone numbers

Bacteriology

Dr. Ross Davidson 902-473-5520
Dr. David Haldane 902-473-2392
Dr. Glenn Patriquin 902-473-7493
Dr. Ian Davis 902-473-4096

Virology / Immunology / Molecular

Dr. Todd Hachette 902-473-6885
Dr. Jason LeBlanc 902-473-7698

On-call Microbiologist 902-473-2220