Saskatchewan Health Authority

COVID-19 Pandemic Requisition

Lab Bar Code Sticker

Laboratory Controlled Document PROV-40 v3

Lab Combination Label Only

Failure to complete this requisition fully will delay patient result distribution.

Patient Information			**Test Request**	
Patient HSN ☐ SK ☐ Other:	**Date of Birth** DD / MON / YYYY	**Sex listed on HSN** ☐ Male ☐ Female ☐ Other	☐ COVID-19 PCR	☐ Influenza A/B PCR
First Name	Middle Name	Last Name	☐ Expanded Respiratory Virus Panel *Restricted to inpatients, long term care residents, and declared outbreaks, unless approved by Microbiologist on-call (contact via RGH/RUH Hospital Switchboard)*	
Place of Residence (Street Address):			☐ Outbreak/Cluster Investigation Outbreak Number:	
City	Province	Postal Code	**Specimen Type:** ☐ Nasopharyngeal ☐ Throat/Nares ☐ Gargle ☐ Other:	
Phone NO: (REQUIRED FOR AUTO NOTIFICATION) (_____) _____ - _____			**Collection Date** DD / MON / YYYY	**Collection Time** H : M

Location of Collection	**Public Health Location:**
Site/Clinic/Hospital _____ City/Town:_____ Phone Number: _____	

Ordering Physician/Provider:			**Additional Copy:**		
First Name	Initial	Last Name	First Name	Initial	Last Name
Clinic Name:			Clinic Name:		
Clinic Street Address:			Clinic Address:		
City/Town:	Lab Validated Fax Number:		City/Town:	Lab Validated Fax Number:	