

**COVID-19 Guidance for physicians and nurses taking  
COVID-19 specimens from health care workers  
As of March 19, 2020**

Please ensure that you are using the latest guidance document, available at  
[http://www.bccdc.ca/health-professionals/clinical-resources/coronavirus-\(novel\)](http://www.bccdc.ca/health-professionals/clinical-resources/coronavirus-(novel))

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## Provincial Laboratory Medicine Services

A service of the Provincial Health Services Authority

Provincial [testing guidance for COVID-19](#) now includes an identified strategy to cover health care workers who are symptomatic, are part of an investigation of a cluster or outbreak or who have known exposure to a positive case.

The Provincial Laboratory Medicine Services (PLMS) testing strategy includes specimen receipt through to test result distribution, back to the ordering healthcare provider.

Specimen collection at the designated sites for health care physicians and staff is supported by clinical personnel. When collecting specimens, **label sample requisitions and swabs with the appropriate information identifying HCW**. This will aid prioritization within the testing laboratory.

**Health care workers fall into one of two sub-categories:**

- **individuals in roles critical to direct patient care delivery (HCW1) or**
- **individuals in roles that are critical to supporting patient care delivery (HCW2).**

When collecting specimens, ask each worker which category they are in and indicate this category on the label and requisition. See image below at the end of this message.

All test results will be reported to the ordering provider. In addition, all positive results will be reported to Public Health for follow-up with employees. Ordering providers can also call for results using the **Laboratory Test Results Call Centre 1-877-747-2522**. Please do not call the testing laboratory directly, as the staff is focused on providing timely testing.

PLMS continues to work with provincial laboratory medical and operational leaders to identify and implement improved workflows in the laboratory information system and reporting systems to support the prioritizing and reporting of HCW testing and results.

For the latest information for health care providers, visit this site often: [www.bccdc.ca/covid19care](http://www.bccdc.ca/covid19care)

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## Outpatient Laboratory Requisition

(Anatomical Pathology requisitions - see separate form)

All Physicians **MUST** include addresses  
ORDERING PHYSICIAN, ADDRESS, MSP PRACTITIONER NUMBER

**Laboratory Medicine** (Anatomical Pathology requisitions - see separate form)

Grey highlighted fields must be completed to avoid delays in specimen collection and patient processing. For tests indicated with a grey tick box , consult provincial guidelines and protocols ([www.BCGuidelines.ca](http://www.BCGuidelines.ca)).

Bill to:  MSP  ICBC  WorkSafeBC  PATIENT  OTHER: \_\_\_\_\_

PHN NUMBER: \_\_\_\_\_ ICBC/WorkSafeBC/RCMP NUMBER: \_\_\_\_\_

SURNAME OF PATIENT: \_\_\_\_\_ FIRST NAME OF PATIENT: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX:  M  F Pregnant?  YES  NO Fasting? \_\_\_\_\_ h po

TELEPHONE NUMBER OF PATIENT: \_\_\_\_\_ CHART NUMBER: \_\_\_\_\_

ADDRESS OF PATIENT: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE: \_\_\_\_\_

HEMATOLOGY	URINE TESTS	CHEMISTRY
<input type="checkbox"/> Hematology profile <input type="checkbox"/> PT-INR <input type="checkbox"/> On warfarin? <input type="checkbox"/> Ferritin (query iron deficiency) HFE - Hemochromatosis (check ONE box only) <input type="checkbox"/> Confirm diagnosis (ferritin first ± TS, ± DNA testing) <input type="checkbox"/> Sibling/parent is C282Y/C282Y homozygote (DNA testing)	<input type="checkbox"/> Urine culture - list current antibiotics: <input checked="" type="checkbox"/> Macroscopic → microscopic if dipstick positive <input checked="" type="checkbox"/> Macroscopic → urine culture if pyuria or nitrite present <input checked="" type="checkbox"/> Macroscopic (dipstick) <input checked="" type="checkbox"/> Microscopic <input type="checkbox"/> Special case (if ordered together) <input type="checkbox"/> Pregnancy test	<input type="checkbox"/> Glucose - fasting (see reverse for patient instructions) <input type="checkbox"/> GTT - gestational diabetes screen (50 g load, 1 hour post-load) <input type="checkbox"/> GTT - gestational diabetes confirmation (75 g load, fasting, 1 hour & 2 hour test) <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> Albumin/creatinine ratio (ACR) - urine LIPIDS <input checked="" type="checkbox"/> One box only. For other lipid investigations, please order specific tests below and provide diagnosis: <input type="checkbox"/> Baseline cardiovascular risk assessment or follow-up (lipid profile, Total, HDL & LDL Cholesterol, Triglycerides, fasting) <input type="checkbox"/> Follow-up of treated hypercholesterolemia (Total, HDL & non-HDL Cholesterol, fasting not required) <input type="checkbox"/> Follow-up of treated hypercholesterolemia (ApoB only, fasting not required) <input type="checkbox"/> Self-pay lipid profile (non-MSP billable, fasting)
MICROBIOLOGY - label all specimens with patient's first & last name, DOB and/or PHN & site: ROUTINE CULTURE List current antibiotics: <input type="checkbox"/> Throat <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Superficial <input type="checkbox"/> Deep <input type="checkbox"/> Wound Site: _____ <input type="checkbox"/> Other: _____ VAGINITIS <input type="checkbox"/> Initial (smear for BV & yeast only) <input type="checkbox"/> Chronic/recurrent (smear, culture, trichomonas) <input type="checkbox"/> Trichomonas testing GROUP B STREP SCREEN (Pregnancy only) <input checked="" type="checkbox"/> Vagino-ano-rectal swab <input type="checkbox"/> Penicillin allergy	HEPATITIS SEROLOGY <input checked="" type="checkbox"/> Acute viral hepatitis undefined etiology Hepatitis A (anti-HAV IgM) Hepatitis B (HBsAg + anti-HBc) Hepatitis C (Anti-HCV) <input checked="" type="checkbox"/> Chronic viral hepatitis undefined etiology Hepatitis B (HBsAg, anti-HBc, anti-HBc) Hepatitis C (anti-HCV) Investigation of hepatitis immune status <input checked="" type="checkbox"/> Hepatitis A (anti-HAV, total) <input checked="" type="checkbox"/> Hepatitis B (anti-HBs) Hepatitis marker(s) <input checked="" type="checkbox"/> HBsAg (For _____ non-nominal reporting) <input type="checkbox"/> Non-nominal reporting <input type="checkbox"/> Non-nominal reporting	THYROID FUNCTION For other thyroid investigations, please order specific tests below and provide diagnosis: <input checked="" type="checkbox"/> Suspected Hypothyroidism (TSH first +HT4) <input type="checkbox"/> Suspected Hyperthyroidism (TSH first +HT4, +HT3) <input type="checkbox"/> T4 treatment therapy (TSH only) OTHER TESTS <input type="checkbox"/> ECG <input type="checkbox"/> Fecal Occult Blood (Age 50 - 74 asymptomatic q2y) <input type="checkbox"/> Copy to Colon Screening Program <input type="checkbox"/> Fecal Occult Blood (Other indicators)

STOOL SPECIMENS  
History of bloody stools?  Yes  No  
 C. difficile testing  
 Stool culture  
 Stool ova & parasite exam  
 Stool ova & parasite (high risk, 2 samples)

DERMATOPHYTES  
 Dermatophyte culture  KOH prep (direct exam)  
 Specimen:  Skin  Nail  Hair  
 Site: \_\_\_\_\_

MYCOLOGY  
 Yeast  Fungus Site: \_\_\_\_\_

DATE OF COLLECTION: \_\_\_\_\_ TIME OF COLLECTION: \_\_\_\_\_

INSTRUCTIONS TO PATIENTS (see reverse)  
Other instructions: \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

PHLEBOTOMIST: \_\_\_\_\_ TELEPHONE REQUISITION RECEIVED BY (employee/date/time): \_\_\_\_\_

HCW1

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.  
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Note: There is more than one type of swab being utilized for COVID-19 testing, so the colour of your swabs may not match the above example.