

OLIS-MORE Job Aid – Submitting COVID-19 Results

This job aid provides instructions on how to complete the OLIS-MORE COVID-19 Results Report web form. You can also review instructions by watching the <u>COVID-19 Results Report Training Video</u>.

Validating ONE ID and 2FA

Before you begin, validate that your ONE ID login and 2 factor Authentication (2FA) are set up.

1. Log in to ONE ID: oneid.ehealthontario.ca

Identity & Acc	Bes Management Itly and access management enables secure access to eHealth services.
Please log in v	vith your login ID and password.
*Login:	jane.smith@oneid.on.ca
*Password:	
	Login
	Forgot Login ID Forgot Password

- 2. Review your ONE ID My Profile.
- 3. Change your temporary password. All first time ONE ID accounts users are provided with a temporary password—please ensure that you have changed it and set up 2FA.

*Old or Temporary Passwo	rd:	Password Strength
*New Passwo		Must be at least 8 characters long.
*Confirm Passwo	rd:	 One or more lower case letters (e.g. m). One or more upper case letters (e.g. M).
		X One or more numbers.

- 4. Set up 2FA.
 - Login to your ONE ID Account and select the Challenge Information tab to set up 2FA, a
 phone-based secondary means of identity verification through a separate and unconnected
 communication channel. If you do not have a phone available when logging into ONE ID, you
 will be presented with online Challenge Questions. If you have not set up 2FA, you will be
 challenged with Knowledge-Based Authentication the first time you login.

Enrolments Challenge Documents Professional Designation	Credentials	Subsidiary Accounts		
Challenge Phone Number(s) (more info)				
(647) 283-2759			<u>Delete</u>	<u>Change</u>
Add a number (optional)				
Challenge Questions (more info)				
Online			Answer	
Mother's middle name?			*****	<u>Change</u>
What is the street number of the house you grew up in?			*****	Change

UPDATING YOUR CHALLENGE PHONE NUMBER(S)

To add, remove, or update your challenge phone number:

- 1. Select the Challenge Information tab.
- 2. In the Challenge Phone Number(s) section you can add, delete, or change a phone number:
 - a. To delete a number, click delete beside it.
 - b. To change a number, click change beside it and enter the appropriate number.

UPDATING YOUR ONLINE OR SERVICE DESK CHALLENGE QUESTIONS

To update your online or service desk challenge questions:

- 1. Select the Challenge Information tab.
- 2. In the Challenge Questions section:
 - a. Click Change beside the question(s) you would like to update.
 - b. Enter the appropriate answer.

Creating a Results Report

Note: All fields are mandatory unless marked Optional.

1. Login to OLIS-MORE: <u>https://olis-more.accessonehealth.ca/</u>



Organization

eLabs - OLIS MORE	
O Jane.Doe LTCH-Alexander Place	
Organization Select authorizing organization	
Continue >	~

- 2. If you are enrolled under a single Organization, you will be taken directly to your MORE Workspace.
- 3. If you are enrolled under more than one Organization, select the Organization for which you are authorized to submit test requisitions (authorizing organization) from the drop-down list.
- 4. Click **Continue**.
- 5. Select COVID-19 results report.



Note: For first time entry, please ensure that you have all the information required to populate the form before beginning:

- Destination Lab Name
- Ordering Practitioner Name or license number
- Site Address & Postal Code
- Phone Number

Note: The Continue an incomplete order option can be used to finish any requisition saved within the last 24 hrs.

Submitter

- 1. Select **Practitioner type** from the dropdown.
- 2. Enter the **Ordering practitioner name**—just start typing the name or license number.

COVID-1	9 results	report			
1 Submitter	2 Patient information	3 Patient setting	Travel and exposure history	Clinical information	6 Specimen collection
Complete all infor	mation unless mar	ked (optional). E	nter details in all s	ections before ye	ou submit.
Submitter					
Practitioner type					
Doctor	~				
Ordering practitione	r				
MCCLINTOCK, W	ILLIAM - 11694				
Enter entire license r	number or start typing	last name			
Name of clinic/facili	ty/health unit				
Test Clinic					
Place the practitione	er works				

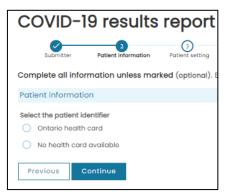
3. Click Continue.

Note: Submitter field:

• Information entered in submitter page will be retained for the next requisition.

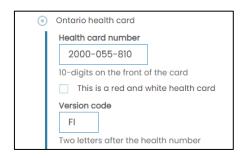
Patient information

Select the identification used for the patient: **Ontario health card** or **No health card available.**

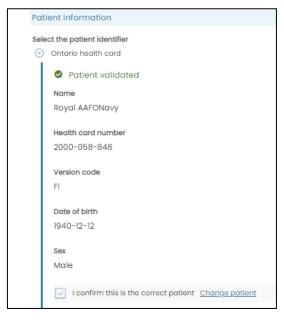


ONTARIO HEALTH CARD

- 1. Enter the 10-digit number on the front of the card.
- 2. If the card is green and white, enter the two-letter version code.



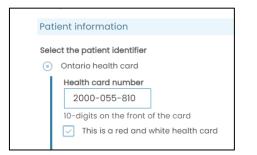
- 3. Click Continue.
- 4. OLIS-MORE will validate the health card number and the patient information associated with the health card number and will populate the form with the following fields: Name, Date of birth, Sex, Address, Phone number.
- 5. If all information is correct, a green Patient validated message will be displayed.



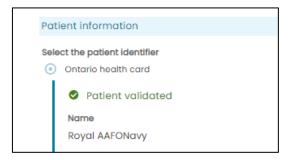
- 6. If this is the correct patient, click the box next to I confirm this is the correct patient.
- 7. If this is not the correct patient, click on **Change patient** and correct the patient information.
- 8. Once you have identified the correct patient, the patient's name will be displayed at the top right of the screen. You will now be able to use save for later at the bottom right of the screen.
- 9. Click Continue.

RED AND WHITE HEALTH CARD

1. If the Ontario Health Card is red and white, check the box next to **This is a red and white health** card.



- 2. A Patient Resolution call will be made.
- 3. If all information is correct, a green Patient validated message will be displayed.



- 4. Check the I confirm this is the correct patient checkbox.
- 5. Click Continue.

NO HEALTH CARD

- 1. Complete the form with all required patient information.
- 2. Check the I confirm this is the correct patient checkbox.
- 3. Click Continue.

Note: If auto-filled information is unavailable or incorrect:

- If address and phone number are unavailable, an alert message suggests manually entering this information.
- If date of birth and sex are incorrect or health card number cannot be validated, select **No** health card available.

Patient information
Select the patient identifier
 Ontario health card
This is a red and white health card
Health card number
2000-000-000
10-digits on the front of the card
Version code
FI
Two letters after the health number
Validate
▲ Unable to retrieve patient information. Please try again or select "No health card available" (RC: 581001)
No health card available
Previous Continue

Patient Setting and Group

Note: After completing the patient information section, you can now save the requisition and complete within the next 24 hours by clicking **save for later** at the bottom right of the screen.

The patient's name will be displayed at the top right of the screen.

- 4. Select the Patient Setting.
- 5. Select the Patient Group.
- 6. Enter the Investigation or outbreak no. Provided by Public Health (*if known*)
- 7. Click Continue.

COVID-19 results report	Patient: AAFPTeal, Clare
Submitter Patient Information Patient setting Travel and Clinical Information collection collection	7 8 Test results Review and submit
Complete all information unless marked (optional). Enter details in all sections before you submit.	
Patient setting or type	
Patient location	
O Assessment Centre	
O Clinic/Community	
O ER (Not admitted)/Not yet determined	
O Congregate living setting	
O Inpatient (non-ICU)	
O Remote Community	
O Unhoused/Shelter	
O ER (Admitted)	
Other (please specify)	
Reason for testing Healthcare Worker	
Deceased or autopsy	
Other (please specify)	
O Uner (piease specify)	
Investigation or outbreak no. (if known)	
Previous Continue	Save for later

Travel history and exposure history

1. Select a response to question Has the patient travelled recently?

- a. If **Yes**, complete additional fields.
- 2. Select a response to question Was the patient exposed to a probable or confirmed case?
 - a. If **Yes**, complete additional fields.

3. Click Continue.

COVID-1	19 results	report				Patier	nt: AAFPTeal, Clare
Submitter	Patient information	Patient setting	4 Travel and exposure history	5 Clinical information	5 Specimen collection	7 Test results	8 Review and submit
Complete all info	rmation unless ma	rked (optional). Er	nter details in all	sections before yo	u submit.		
Travel history							
Has the patient trav	velled recently?						
O No							
Yes							
 Unknown 							
None/Not app	licable						
Exposure history							
Was the patient exp	oosed to a probable or	confirmed case?					
O No							
O Yes							
O Unknown							
Previous	Continue						Save for later

Clinical Information

Complete all information unless marked optional.

- 1. Select a response for **COVID-19 vaccination status.**
- 2. Select a response for Symptoms:
 - a. If **Symptomatic**, complete additional fields.
- 3. Click **Continue.**

COVID-19 results report	atient: AAFPTeal, Clare
Submitter Patient information Patient setting Travel and exposure Clinical information Specimen collection Test result history	8 Review and submit
Complete all information unless marked (optional). Enter details in all sections before you submit.	
Clinical information	
COVID-19 vaccination status Received all required doses more than 14 days ago Unimmunized or not fully immunized Unknown 	
Symptoms	
O Asymptomatic (no symptoms)	
Symptomatic	
O Unknown	
Previous Continue	Save for later

Specimen collection

- 1. Select the Specimen type.
- 2. If required, enter Additional comments.
- 3. Specimen collection date and time will be pre-populated (will default to the date and time this page is accessed but can be changed—follow the process provided by your organization for completion of this field).

Prior to submission to OLIS, sites now can pre-print the specimen label, patient instructions or patient label (including MRN number generation for Red and White Health card and No Health card). *Depending on site workflow.

- 4. Click the **Patient instructions label** link to print the patient instructions label. Click the arrow to download the document.
- 5. Click the **Patient instructions PDF** link to print the patient instructions PDF. Click the arrow to download the document.
- 6. Click the **Specimen label link** to print the specimen label. Click the arrow to download the document.
- 7. Click **Continue**.

Unsuccessful submission Alerts! For requisitions not successfully submitted to OLIS, please re-print the requisition and updated specimen label PDF and any patient instructions post-submission.

COVID-1	9 results	report				Patien	t: AAFPTeal, Clare
Submitter	Patient information	Patient setting	Travel and exposure history	Clinical information	6 Specimen collection	7 Test results	8 Review and submit
Complete all info	rmation unless mar	ked (optional). E	nter details in all s	sections before y	ou submit.		
Specimen type							
O NPS							
Deep or mid-t	urbinate nasal swab						
 Throat swab 							
 Throat and na 	sal						
O BAL							
 Saliva (swish o 	and gargle)						
 Saliva (neat) 							
 Anterior nasal 							
 Oral (buccal) Other (please s 	and deep nasal						
YYYY-MM-DD HH:MM Additional commen Maximum 512 charc	ts (optional)		1.				
Pre-print options							
Patient instruction	ns label						
Patient instruction	ns PDF						
<u>Specimen label</u> [2	я J						
Previous	ontinue						Save for later

Test results

Under COVID-19 test type:

- 1. Select **ID Now**.
- 2. From the drop down, select the appropriate **test result**: positive, negative, invalid.
- 3. Enter **Result notes** if required.
- 4. Confirm **Test result date and time**.
- 5. Click **Continue**.

	9 results	report				Patier	nt: AAFPTeal, Clare
Submitter	Patient information	Patient setting	Travel and exposure history	Clinical information	Specimen collection	7 Test results	8 Review and submit
Complete all infor	mation unless mar	ked (optional). I		sections before y	ou submit.		
Test results							
COVID-19 test type							
 ID Now 							
Test result							
O Positive							
Negative							
Ŭ							
Lab based PCR							
Result notes (option	-D						
Maximum 512 chara							
Test result date and	time (24-hr)						
2022-09-13 14:5	7						
YYYY-MM-DD HH:MN	I						
Previous	ontinue						Save for later

Review and submit

Review the requisition form. If you need to make changes, click **Go back to edit details** and make changes as required. Once the order is submitted, you cannot make changes to the requisition.

Note: This is the last opportunity to 'save for later'.

- 1. Click the box beside I confirm that all information entered is correct.
- 2. Click Submit Requisition.

All sedent af them mutube completed at very slat FOR SUPPREF 1 - Support of the Number of Papel scables: For above scap value of N PHOL NO:: Ordering Clinical required) Date received PHOL NO:: Summarree, First Name: Smith, Philip 2. Pattert Information Health Care No:: Medical Record No:: Andress: Ext Clinic: Last Name: AdrONary Ardenses: First Name: Royal Phone: 1.1111 First Name: Royal C	.OVID-19 Test Re	equisition			
1 - Submitter Lab Number (if applicable): For laboratory use only Date received PHOL No.: Ordering Clinican (required) Date received PHOL No.: Sumame, First Name: Smtb, Philp 2 Patient Information Name of Chinc Test Clinic 2000/058-848 Fl Address: Test Clinic 2000/058-848 Fl Medical Record No: Address: Test Clinic 2000/058-848 Fl PHOL No.: Phone: 111-1111 Fac Date of Birth No:: Phole No: Other Authorized Health Care Provider: Option: 111-1111 Fac Date of Birth 1940-02-12 Sec: Male Sumame, First Name: Address: Toronto, ON M8B IS3 Phone No: 416-555-3333 Investigation or Outbreak No:: Outbreak No:: Phone No: 416-555-3333 Investigation or Outbreak No:: Section Type 3 - Travel History Travel of Travel Oyy-mm-dd): Date of Return (yyy-mm-dd): Performation Ont fully immunized Onknown Exposure History Exposure History Section and leguind Oninnumized Onknown Exposure History Exposure History Prevention Sore Throat Patient Setting / Type Exposure History	ALL Sections of this form must	be completed at every visit	W3C	9F7H2F	
Ordering Clinician (required) Date received PHOL No.: Sumane, First Name: Snthb, Philip 2. Patient Information OHIP/CPSO/Prof. License No.: 55573 Health Card No.: Name of Clinic Test Clinic //doilty/health unit: Last Name: AFONavy Address: Test Clinic First Name: Royal Phone: Date of Birth 1940-12-12 Sec: Male Wymmer, Prist Name: Date of Birth 1940-12-12 Sec: Male Other Authorized Health Care Provider: Symane, Prist Name: Address: 750 York Mills Rd Aptër1224 Toronto, ON MBB 1X3 Phone No.: 416-555-3333 Investigation or Outbreak No.: Outbreak No.: Stravel History Spectmen Type 3. Travel History Date of Return (typy-mm-dg): Secteved all required Umimunized or Outbreak No.: Date of Return (typy-mm-dg): B. COVID-19 Vaccination Status 4. Exposure History Exposure to probabie or confirmed case? Yes IN Profered B. Agymptomatic Symptomatic Umknown Exposure to probabie or confirmed case? Yes IN Profered B. COVID-19 Vaccination Status Coultor-19 Virus 7. Patient Steting / Type Profered B. Coulto information Exposure			For laboratory use only		
Surname, First Name: Smith, Philip 2. Patient Information OHIP/CPSO/Prof. License No:: 55573 Health Card No:: Name of Clinic Test Clinic Address:: Test Clinic Cooloos8-848 Fl Address:: Test Clinic Last Name: APONavy Address:: Test Clinic First Name: Royal Phone: 111-11111 Fax: C Other Authorized Health Care Provider: Surmane, First Name: Oyymm-ddy: OHIP/CPSO/Prof. License No: Date of Birth 1940-12-12 Sec: Male OHIP/CPSO/Prof. License No: Date of Birth 1940-12-12 Sec: Male OHIP/CPSO/Prof. License No: Phone No: 416-555-3333 Investigation or Outbreak No:: Outbreak No: Socemen Type 3- Specimen Type 3- Travel History Specimen Collection date (yyymm-dd hiumm): 2022-08-17 13:58 Tavel to: @ NPS Date of Travel (yyymm-dd): Date of Return (yyymm-dd): B- CoVID-19 Vaccination Status Unknown Exposure to probable or confirmed case? Yes IN 0 @ Received all required Unknown Exposure to probable or confirmed case? Yes IN 0 @ Couph Spretor Heater, If known: Sover Throat Sover Terre			Date received	PHOL No.:	
OHIP/CPSO/Prof. License No:: 55573 2 - Patteric Information Name of clinic Test Clinic Address: 2000-058-848 Fl Address: Test Clinic Address: Test Clinic Inhom: 11:11-1111 Fac: Date of Birth Oribi / Chiro: Test Name: Address: Test Name: CC Other Authorized Health Care Provider: Sumame, First name: Toronto, ON Mills Rid Aptil 124 Name of clinic Phone No.: //Addity/shalth unit: Address: OHIP/CPSO/Prof. License No: Phone No.: Phone No:: Phone No.: Sumame of clinic Phone No.: //Addity/shalth unit: Phone No.: Address: 20 - Travel History Spectmen collection date (yyy-rmm-dd) hh:mm): 2022-08-17 13-58 Pate of Travel (yyy-rmm-dd): Date of Return (yyy-rmm-dd): Bate of Travel History Exposure History Exposure dial required Unknown @ Received all required Unknown @ Received all required Unknown @ Asymptomatic Symptomatic <td></td> <td></td> <td></td> <td></td> <td></td>					
Name of clinic Test Clinic 2000-058-448 Fi Address: Last Name: AAFONavy Anywherre, ON L8L 11.4 First Name: Royal Phone: 111-1111 Fax: Other Authorized Health Care Provider: Jest: Mane: AAFONay Sumame, First name: Address: Sex: Male Or () Other Authorized Health Care Provider: Address: T50 York Mills R4 Appt#1234. Sumame of clinic Phone No: 416-5553333 Investigation or Yadity/health unit: Investigation or Outbreak No: Address: Outbreak No: Sex: Male Specimen Type Travel to: Investigation or Outbreak No: Outbreak No: Septimen collection date (yyy-mm-dd): Specimen Clinic on date (yyy-mm-dd) ht::mm): 2022-08-17 13:58 Travel to: Septimen collection date (yyy-mm-dd): Septime collection date (yyy-mm-dd): Date of Travel (yyy-mm-dd): Date of Return (yyy-mm-dd): Septime collection date (yyy-mm-dd): Date of Symptom set (yyy-mm-dd): Date of Symptom set (yyy-mm-dd): Septime collection date (yyy-mm-dd): Date of Symptom set (yyy-mm-dd): Seposure to probable or confirmed case? (> Yes) No <td></td> <td></td> <td></td> <td>Madical Decord No.</td> <td></td>				Madical Decord No.	
Address: Test Clinic Last Name: AAFONavy Anywhere, ON LBL1LA First Name: Royal Phone: 111-1111 Fax: Date of Birth 1940-12-12 (yyyymm-dd): cc Other Authorized Health Care Provider: Vyyyymm-dd): Sex: Male Sumame, First name: Address: 750 York Mills Rd Apt#1234 Toronto, ON M3B 1X3 OHIP/CPSO/Prof. License No: Phone No: 416-555-3333 Imvestigation or Name of dink: Investigation or Outbreak No: 3- Specimen Type 3- Travel History Second of Birth 1940-1940 pedmen collection date (yyyy-mm-dd hh:mm): 2022-08-17 13:58 Travel to: NPS Date of Travel (yyy-mm-dd): Date of Return (yyyy-mm-dd): 3- COUD-19 Vaccination Staus 4 Exposure History Bacedved all required Onlimunuized or Unknown Address: Symptomatic Unknown Ate of symptom onset (yyyy-mm-dd): S- statis: Songeused Cough Fever / temperature, if known: Cov(D-19 Virus Preumonia Sore Throat S- statis; Requested Cough Fever / temperature, if known: Assessment Centre Other (Specifly) Orther (Specifly)		Test Clinic	2000-058-848 FI	Medical Record No:	
Phone: 111-1111 Fax: Date of Birth 1940-12-12 Sex: Male cc Other Authorized Health Care Provider: Vyyyymm-dd): Sex: Male Surname, First name: Address: 750 York Mills Rd Aptët 1234 OHIP/CPSO/Prof. License No.: Phone No.: 416-555-3333 Name of clink Phone No.: 416-555-3333 Yaditybealth unit: Investigation or Outbreak No:: Outbreak No:: 6 - Specimen Type 3 - Travel History 6 - Specimen Cliction date (yyyy-mm-dd hit:mm): 2022-08-17 13:58 Travel to: § - COUD-19 Vaccination Status 4 - Exposure History © Received all required double in tubinomized or not fully immunized. Uninnomized or Outbreak actions: § - COUD-19 Vaccination Status 4 - Exposure History © Asymptomatic Uninnomized or Outbreak action: gate of Symptom onset (yyyy-mm-dd): Date of symptom onset (yyyy-mm-dd): 9 - Clinical Information Exposure to probable or confirmed case? Nes Immunized © Cough Fever / temperature, if Known: S - Testigs Requested © Cough Fever / temperature, if Known: COUD-19 Virus P requant Only if applicable, indicate the group: Only if applicable, indicate the group:			Last Name: AAFONavy		
Date of Birth 1940-12-12 Sex: Male Date of Birth 1940-12-12 Sex: Male Other Authorized Health Care Provider: (Y)Ymm-ddi: Surname, First name: Address: 750 York Mills Rd Apt#1234 OHIP/CPSO/Prof. License No.: Phone No.: 416-555-3333 Name of clinic Phone No.: 416-555-3333 Yaditty/health unit: Phone No.: 416-555-3333 Address: Outbreak No.: 6 - Specimen Type 3 - Travel History Specimen collection date (yyymm-ddi hi:mm): 2022-08-17 13:58 Travel to: P NPS Date of Travel (yyymm-dd): Date of Travel (yyymm-dd): Date of Return (yyymm-dd): P COVID-19 Vaccination Status 4 - Exposure History Specimen Type Outbrown P - Clinical Information Yes Importantic Asymptomatic Symptomatic Outprist Sore Throat Asymptomatic Sore Throat P regnant Sore Throat Other (Specify) Sore Throat	Anywherre, ON		First Name: Royal		
Address: Address: 750 York Mills Rd Apt#1234 Toronto, ON M3B 1X3 OHIP/CPSO/Prof. License No.: Phone No.: 416-555-3333 Name of Clinic //Adilty/health unit: Phone No.: 416-555-3333 Address: Outbreak No.: S-Specimen Type 3 - Travel History S-Specimen Collection date (yyyy-mm-dd hh:mm): 2022-08-17 13:58 Travel to: NPS Date of Travel (yyy-mm-dd): Date of Travel Status 4 - Exposure History P COVID-19 Vaccination Status 4 - Exposure History Beceived all required days ago. Unimmunized or not fully immunized. Unknown Ge Covid Differmation Symptomatic Unknown Adetails: Date of symptom onset (yyy-mm-dd): Date of symptom onset (yyy-mm-dd): S - Trest(s) Requested Gough Fewer / temperature, if known: S - Trest(s) Requested Pregnant Gover Troat Assessment Centre Only if applicable, indicate the group: Only if applicable, indicate the group:				Sex: Male	
OHIP/CPSO/Prof. License No.: Toronto, ON M38 1X3 Name of clinic Address: Phone No: 416-555-333 Address: Outbreak No.: Outbreak No.: Imestigation or Outbreak No.: S-Specimen Type 3 - Travel History pedmen collection date (yyyy-mm-dd hh:mm): 2022-08-17 13:58 Travel to: NPS Date of Travel (yyy-mm-dd): Outbreak No.: Date of Return (yyy-mm-dd): Pose of Travel al required drays ago. Unimmunized or not fully immunized. P - Clinical Information Exposure History 2 Asymptomatic Unknown Date of symptom onset (yyy-mm-dd): Date of symptom onset (yyy-mm-dd): 2 Cough Fever / temperature, if known: 5 - Test(s) Requested known: P Pregnant Ochrer (Specify) Oxter Travel Certre Only if applicable, indicate the group:		Health Care Provider:	Address: 750 York Mills Rd Ap		
NPS 3 - Travel History 6 - Specimen Type 9 - Chincal Information 9 - Received all requires 1 - Travel to: 1 - Travel to: 1 - Travel to: 2 - NPS 9 - Contraction Status 4 - Exposure History 9 - Contraction Status 9 - Clinical Information 9 - Symptomatic 0 - Symptomatic 1 - Fever / temperature, if 1 - Cough 1 - Fever / temperature, if 1 - Sore Throat 9 - Prejant 0 - Other (Specify)		No.:		3	
Address: Outbreak No.: 6 - Specimen Type 3 - Travel History 5 - Specimen collection date (yyyy-mm-dd hh:mm): 2022-08-17 13:58 Travel to: NPS Date of Travel (yyy-mm-dd): NPS Date of Travel (yyy-mm-dd): NPS Date of Travel (yyy-mm-dd): Outbreak No.: Date of Return (yyy-mm-dd): NPS Date of Travel (yyy-mm-dd): Other (Specify) Unimmunized or not fully immunized. Pregnant Other (Specify) Sore Throat					
Or Specimer of Specimer of Sector of Ate (yyyy-mm-dd hh:mm): 2022-08-17 13:58 Travel to: Image: Travel to: Date of Travel (yyyy-mm-dd): Date of Return (yyyy-mm-dd): B - COVD-19 Vaccination Status 4 - Exposure History Exposure to probable or confirmed case? Yes Image: No B - COVD-19 Vaccination Status Exposure History Exposure to probable or confirmed case? Yes Image: No B - COVD-19 Vaccination Exposure to probable or confirmed case? Yes Image: No 9 - Clinical informatic Unknown Asymptomatic Symptomatic Cough Fever / temperature, if known: Cough Fever / temperature, if known: P regnant Gotter Travel (ypue: Couple) Other (Specify) Only if applicable, indicate the group: Image: Not applicable Not applicable			Investigation or Outbreak No.:		
Specimen collection date (yyyy-mm-dd hh:mm): 2022-08-17 13:58 Travel to: Date of Travel (yyyy-mm-dd): Date of Return (yyyy-mm-dd): B - COVID-19 Vaccination Status Date of Travel (yyyy-mm-dd): ® Received all required does >14 days ago. Unimmunized or not fully immunized. P - Clinical information Exposure thistory P - Covid Comparison Exposure datas:: Date of symptom onset (yyyy-mm-dd): Date of symptom onset (yyyy-mm-dd): Date of symptom onset (yyyy-mm-dd): Date of symptom onset (yyyy-mm-dd): Date of symptom onset (yyyy-mm-dd): Date of symptom onset (yyyy-mm-dd): Pregnant Sore Throat. 7 - Pating Stating / Type Pregnant Onther (Specify) Only if applicable, indicate the group:: Not applicable Not applicable Not applicable	δ - Specimen Type		3 - Travel History		
NPS Date of Travel (yyyy-mm-dd): Date of Return (yyyy-mm-dd): 8 - COVID-19 Vaccination Status 4 - Exposure History © Received all required does >14 days ago. Unimmunized or not fully immunized. Uninknown 9 - Clinical information Exposure to probable or confirmed case? Yes 9 - Symptomatic Unknown Date of symptom onset (yyyy-mm-dd): 10 - Cough Fever / temperature, if known: 5 - Test(s) Requested 10 - Cough Sore Throat 7 - Pattern Setting / Type 10 - Preaumonia Sore Throat 7 - Pattern Setting / Type 11 - Preaumonia Gother (Specify) Only if applicable, indicate the group:		yyyy-mm-dd hh:mm): 2022-08-17 13:58	Travel to:		
			Date of Travel (yyyy-mm-dd):	Date of Return (yyyy-mm-dd):	
Received all required does >14 days ago. Unimmunized or of fully immunized. Exposure to probable or confirmed case? Yes (a) No 9 - Clinical information Exposure to probable or confirmed case? Yes (a) No 9 - Clinical information Exposure to probable or confirmed case? Yes (a) No 9 - Clinical information Exposure to probable or confirmed case? Yes (a) No 9 - Clinical information Exposure to probable or confirmed case? Yes (a) No 2 Asymptom onset (yyy-mm-dd): Date of symptom onset (yyy-mm-dd): Date of symptom onset (yyy-mm-dd): Date of symptom onset (yyy-rim-dd): Sore Throat Sore Throat Sore Throat 9 Pregnant Q Assessment Centre Only if applicable, indicate the group: Only if applicable 0 Other (Specify) Not applicable Not applicable Not	8 - COVID-19 Vaccinatio	n Status			
9 - Clinical information Exposure Asymptomatic Symptomatic Asymptomatic Unknown Date of symptom onset (yyyy-mm-dd): Date of symptom onset (yyyy-mm-dd): Cough Fever / temperature, if known: S - Test(s) Requested Preumonia Sore Throat 7 - Patient Setting / Type Pregnant Assessment Centre Only if applicable, indicate the group: Other (Specify) Not applicable Not applicable	Received all required doses >14 days ago.	O Unimmunized or O Unknown not fully immunized.		rmed case? () Yes () No	
Asymptomiatic Symptomiatic Symptomiatic Date of symptom onset (yyyy-rm-dd): Date of symptom onset (yyyy-rm-dd): Cough Fever / temperature, if known: S - Test(s) Requested Preumonia Sore Throat Orbit Pretent Setting / Type Pregnant Assessment Centre Only if applicable, indicate the group: Other (Specify) Not applicable Not applicable	- Clinical Information			0.00 0 10	
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SUBMISSION SUCCESSFUL

A green message will be displayed indicating that the submission was successful. Print the patient instructions and hand them to the patient.



SUBMISSION UNSUCCESSFUL

- 1. A red message will be displayed indicating that the submission was unsuccessful.
- 2. You can retry the submission or print it and send a paper copy with the specimen to the performing lab.



Note: If a patient does not have a green and white health card and the submission is unsuccessful, **the MRN and Verification code will not be created**. The patient will be unable to access their results online.

If the second attempt to submit is unsuccessful, click **Show/Hide Details** and copy the entire error message into an email to the Ontario Health Support Desk.

View and print requisition, patient instructions, label

- 3. Print the requisition if required by clicking the **Requisition** link.
- 4. Click the **Patient Instructions label** or **Patient instructions PDF** link, print the required documents, and provide to the patient. The PDF and label have the MRN and Verification code for patients without a green and white health card.
- 5. Print the specimen label by clicking the **Specimen Label** link, and affix to the specimen sample.

Note: Once you leave this page, you will not be able to print out the Requisition Form, Patient Instructions or Specimen Label.

Please save or print the requisition to ensure that you can re-create the order if the lab is not able to successfully retrieve it.

COVID-19 test requisition
View printable PDFs
Requisition (2) Patient instructions label (2) Patient instructions PDE (2) Specimen label (2)
Submission details
Lab order ID JMVURBAV6
Submission date/time 2022-02-11 08:52 AM
Destination lab The Hospital For Sick Children - 4159, Toronto, 555 University Avenue
Create a new COVID-19 test requisition
Back to home

REQUISITION, PATIENT INSTRUCTIONS PDF, PATIENT LABEL, SPECIMEN LABEL EXAMPLES:

Test Date: 2023-10-18 Facility: Training Clinic Phone: 123-123-1234

MRN: 6998-QPSU-S6RT-P87V-SM95 Verification Code: 58D-7B6E-482

To view results go to: https://covid-19.ontario.ca

Src:Nasal

Test:COVID-19 virus

2023-10-18 11:30 5000 OLIS BSD AAFONavy, Royal

DOB: 1940-12-12 SEX:Male HCN:2000-058-848



COVID-19 Results Report		How to access your test result using your medical record number (MRN)	Ontario 🗑
Patient Meetin cell # 2000/059-868 FL Meetin cell # 2000/059-868 FL Meetin Arthhesi Cens Gander Tense DOB 1869-2-12 Address Tense DOB 1869-2-12 Address Cell Cons Cell Cons Cell Address Hered Science extended # Patient secting on type Secting Autoanter Cense Beaus for texting "Heatanter" Cense Beaus for texting "Heatanter" Cense Deaus for texting "Heata	Report decets Prove decets Prove decets Order docetime 2013-10-16 12:38 Order to Primedadde Order docetime 2013-10-16 12:38 Order to Primedadde Order docetime 2013-10-16 Decetime 2013-16 Decetime 2013-16 Decetime 2013-16 Decetime 2013-16 Decetime 2013-16 Decetime 2013-16 Decetime 2	Online Access 1. Using your device, scan the QR code, or go to https://covid-19.ontario.ca 2. Select Check your results 3. On the COVID-19 test results page:	
Found date Return date Exposure final Date of symptom onset of contact Equipose distalliti	Precisioner Andreas Precisioner Addreas Specimen collection Specimen collection	Test date MRN 2023-10-18 6998-QPSU-568T-P87V-5 Facility Verification code	iM95
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Test results - microbiology Repid EARS Colv.2 INN EARS Colv.2 (COVID-19), ENA, PCRIMART THERE COVID-19 Visus PCR Interpretation InACCOVE OF Descent	Test result date and time 2025/0/15/208 Result notes	5. Enter any other required information and Access results No access to online results	
Confidencial Document - Contains Personal Hasth Informati Concernal by: Terms Movies 2023-12-18-19-193		If you are unable to access your test result online, or have waited 4 day results online, please contact the testing location listed in the testing la result.	



Continue an Incomplete lab order

To submit an incomplete order requisition:

1. On the main screen, click Continue an incomplete order.

My Workspace
COVID-19 lab orders
COVID-19 results report
Continue an incomplete order
Lab orders Manage lab orders

- 2. Click on the gray arrow to search by 'saved,' 'saved by,' and 'last step completed' or press <ctrl> and < F> to type the patients name into the search bar.
- 3. Click the patient name of the results entry to be completed.
- 4. Complete the steps that were not completed previously.
- 5. If you wish to **delete** a requisition, click on the **garbage can** icon at the end of its row.

Note: Incomplete lab orders are available for completion for 24 hours from the time they were last saved.

Incomplete lab orders											
Incomplete lab orders are available for 24 hours from the time they were last saved.											
Result reports											
Patient	↑↓	Saved	î↓	Saved by	Last step completed	î↓	Delete				
AAFPTeal, Clare		2023-10-20 08:58		Batista, Michelle	Patient setting		Û				
Show 50 V records					First Previous	1 N	ext Last				
Showing 1 to 1 of 1 record	rds										

Suggested workflows using Save for Later

PRE-REGISTERING PATIENTS:

- 1. Complete the **Destination** and **Submitter** sections.
- 2. Complete any additional information on MORE from the pre-booking appointment information, i.e., Patient Information (health card, DOB, sex validating, address, phone number).
- 3. Complete the Patient Setting section.

4. Click Save for later.

WHEN PATIENT ARRIVES AT THE TESTING SITE:

- 5. Go to the incomplete section and select the patient.
- 6. Verify the patient information with the patient and complete the outstanding fields, i.e., Vaccination Status, Symptoms, etc.
- 7. When completed, submit the requisition.

Note: A requisition must be either printed or saved to capture the patient encounter at the site. This process assists in remediation of any potential issues with the lab not receiving or being able to consume the e-Order.

Manage Lab Orders

Manage Lab Orders allows users to view completed results entries for up to 30 days.

1. From My Workspace, click the Manage lab orders link.



2. Select a Date range from the drop down.

Manage l	ab orders					
Results	_					
					<u>Export results data</u>	
Status					Date range	1
All	~				Today 🗸	L
Last updated: 2023-10	-20 09:26 Refresh li	st			Today	L
Lust updated. 2020 To	20 00.20	<u></u>			Last 1 day	L
Order ID îJ	Created î	Patient î.	Patient setting	Status	Last 2 days	L
Order ID	Cleared	Patient	Patient setting	Status	Last 7 days	
A6P6HYCCBBC	2023-10-20 07:26	AAFPTeal, Clare	Assessment Centre	Submitted	Last 14 days	L
					Last 30 days	L
Show 50 v records					irst Previous 1 Next Last	1
Showing 1 to 1 of 1 red	cords					

3. Click [...] under the actions column and click View PDF

Manage	ab orders					
Results	_					
					Exp	oort results data
Status					Date range	
All	~				Today	~
Last updated: 2023-10						
Order ID î↓	Created î↓	Patient	Patient setting	Status	Modified by	
А6Р6НҮССВВС	2023-10-20 07:26	AAFPTeal, Clare	Assessment Centre	Submitted		
Show 50 v records				Fi	View PDF	

4. A copy of the **COVID-19 Results Report** will display.

EXPORT RESULTS DATA

Users can export a CSV Excel file with reports submitted within the last 30 days.

1. In Manage lab orders, click the Export results data link.

Manage l	ab orders							
Results	_							
						Exp	ort results (<u>data</u>
Status					Do	ite range		
All	~					Today		~
Last updated: 2023-10	-20 09:38 Refresh li	ist						
Order ID îl	Created 1↓	Patient îl	Patient setting	Status	î↓	Modified by	î↓ Actio	ns
A6P6HYCCBBC	2023-10-20 07:26	AAFPTeal, Clare	Assessment Centre	Submitted				
Show 50 v records					First	Previous	Next	Last
Showing 1 to 1 of 1 red	cords							

- 2. Select search option from **Date range** or select specific dates using the **From date** and **To date** fields.
- 3. Click Generate Report.

Export results data ×											
You can export data fro define a custom range Date range		days. Select a date rai	nge below or								
Today			~								
From date		To date									
10/20/2023		10/20/2023									
Generate report	Cancel										

4. The Excel file will download. Open the file and all information entered in the results report is captured in this file.

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2	A6P6HYCC	2000-058-	FI			AAFPTeal		Clare		female		########		745 Dov	/n Apt#
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Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.

Document disponible en français en contactant info@ontariohealth.ca