

COVID-19 Publicly Funded PCR Testing Documentation Form for Pharmacies

Patient Name	Date/Time of Assessment
Healthcard No.	Gender
Date of Birth	Patient Phone No.
Patient Address	
Name of family physician/nurse practitioner (optional)	

Verbal patient/agent consent received for the assessment

Received by <small>(print name and signature)</small>	Date
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Patient Screening Completed ([COVID-19 Self-Assessment](#))

COVID-19 Screening Result:

Positive

Negative

Unknown

Patient Assessment Questions:

1. Do you have the following symptoms that are new, worsening, or different from your baseline health status (usual state) and are not chronic or related to other known causes or conditions#

At least one of the following:

- Fever and/or chills
- Cough
- Shortness of breath
- Decrease or loss of smell or taste

OR

Two or more of the following:

- Extreme fatigue
- Muscle aches or joint pain
- Nausea, vomiting and/or diarrhea
- Sore throat
- Runny nose/nasal congestion
- Headache

And belong to one of the following groups?

- People aged 60 years of age and older
- People aged 18 years of age and older who have one or more [comorbidity that puts them at higher risk of severe COVID-19 disease](#)
- People aged 18 years of age and older who are unvaccinated or have not completed their primary vaccine series
- People aged 18 years of age and older who completed their primary vaccine series AND received their last COVID-19 vaccine dose more than 6 months ago AND have not had a SARS-CoV-2 infection in the past 6 months
- Pregnant people
- People who are immunocompromised
- Patients seeking emergency medical care or other outpatients for whom a diagnostic test may guide clinical management, at the discretion of the treating clinician
- Patient-facing healthcare workers
- Staff, volunteers, residents/inpatients, essential care providers, and visitors in highest risk settings which include: hospitals (including complex continuing care facilities and paramedic services) and congregate living settings with medically and socially vulnerable individuals, including, but not limited to long-term care homes*, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, correctional institutions, and hospital schools
- Home and community care workers
- Household members of staff in highest risk settings and patient-facing health care workers
- International Agriculture Workers in congregate living settings
- People who are underhoused or experiencing homelessness
- First responders, including fire, police and paramedics

Yes

No

2. Have you received a PCR self-collection kit through another organization that has screened you and determined that you are eligible for a publicly funded COVID-19 PCR test?∞

Yes

No

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3. Do you belong to at least one of the following groups?

- Individuals who are from a First Nation, Inuit, Métis community, and/or who self-identify as First Nation, Inuit, and Métis and their household members
- Individuals travelling into First Nation, Inuit, Métis communities for work
- People on admission/transfer to or from hospital or congregate living setting⁵
- People in the context of confirmed or suspected outbreaks in highest risk settings as directed by the local public health unit
- Individuals, and one accompanying caregiver, with written prior approval for out-of-country medical services from the General Manager, Ontario Health Insurance Plan (OHIP)
- Any patient with a scheduled surgical procedure requiring a general anaesthetic 24-48 hours prior to procedure date
- Newborns born to people with confirmed COVID-19 at the time of birth within 24 hours of delivery, with a repeat test at 48 hours after birth if baseline test is negative, or if the parental test results are pending at the time of discharge
- People 24-48 hours prior to treatment for cancer or prior to hemodialysis, at the discretion of the treating clinician
- Staff of highest risk settings who, within the last 10 days, have had close contact with an individual with symptoms compatible with COVID-19 or an individual who has tested positive for COVID-19, for the purposes of facilitating return to work, as directed by sector-specific guidance or Infection Prevention and Control (IPAC) or Occupational Health staff

Yes

No

Select one that applies:

If 'YES' to any of the questions numbered 1 to 3

Patient is **ELIGIBLE** for the Publicly-Funded COVID-19 Testing Services in Ontario Pharmacies program

If 'NO' to all of the questions numbered 1 to 3

 Patient is **INELIGIBLE** for the Publicly-Funded COVID-19 Testing Services in Ontario Pharmacies program

Additional notes (optional):

Pharmacist Name

OCP #

[#] Refer to the [Management of Cases and Contacts of COVID-19 in Ontario](#) for exceptions and more information.

- See the [COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units](#) for more information. People in each of these groups may be eligible for COVID-19 treatment if they test positive, based on clinical criteria including risk factors and vaccination status.

* It is mandatory to include the applicable Investigation Number on the test requisition forms for lab-based PCR testing for workers (including support workers), visitors (including caregivers) and government inspectors of long-term care homes. Individuals should be reminded to provide the name of their long-term care home when booking and attending their appointment. Pharmacies must cross-reference the information provided by the individual with the list of long-term care home Investigation Numbers provided by the Ministry of Health to confirm the applicable long-term care home. The list of Investigation Numbers may be subject to change. The Ministry will notify pharmacies of any changes.

When completing the [requisition form](#) or inputting data into the Mobile Order Result Entry (MORE) platform, this information should be captured under the Patient Information (Section 2), in the field labelled: Investigation / Outbreak No. [Investigation Number Format: Can be any alphanumeric including dash (-) and underscore (_) up to a maximum of 15 characters.]

^{**} A prescribing physician or nurse practitioner could be identified as the ordering clinician on the test requisition form for PCR self-collection kits (i.e., not a pharmacist) distributed by other organizations. These kits will have the ordering clinician section on the requisition form already completed.

⁵ While people on admission/transfer are eligible for molecular testing, the decision of whether to test should be based on clinical, epidemiological, and/or organizational factors.

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Specimen Collection

Appropriate PPE donned according to guidelines, e.g.:

- A fit-tested, seal-checked N95 respirator (or approved equivalent); if not yet fit-tested for an N95 respirator, a well-fitted surgical/procedure mask, a KN95 respirator or a non fit-tested N95 respirator (or equivalent) may be used
- Eye Protection (goggles, face shield)
- Gown
- Gloves

Option 1 In-Store Specimen Collection For Lab-Based PCR Testing

- Verbal patient/agent informed consent received for specimen collection in pharmacy

Received by (pharmacist name)

Signature

OCP #

Date/Time of Specimen Collection

Specimen Collected by (if different individual from the above):

Pharmacist Name

Signature

OCP #

Option 2 At-Home Patient Self-Collected COVID-19 Specimen for Lab-Based PCR Testing

- Self-Collection Kit Dispensed
 Self-Collection Kit Not Dispensed (patient already has a kit)

Date/Time of Specimen Drop-Off

Specimen Received by:

Pharmacist Name

Signature

OCP #

- Quality Control Performed on Specimen

- Pass
 Asked Patient to Re-Test:

Reason

Option 3 In-Store Point-of-Care PCR Testing

- Verbal patient/agent informed consent received for specimen collection in pharmacy

Received by (pharmacist name)

Signature

OCP #

Date/Time of Specimen Collection

Specimen Collected by (if different individual from the above):

Pharmacy Professional Name

Signature

OCP #

Results:

- Reported into MORE
 Disclosed to the PHU (if applicable)

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