

Edmonton Site 8440-112 St. T6G 2J2  
 Phone 780.407.7121 Fax 780.407.3864

 Calgary Site 3030 Hospital Dr NW T2N 4W4  
 Phone 403.944.1200 Fax 403.270.2216

**Virologist/Microbiologist-on-call 780.407.8822**
**Virologist/Microbiologist-on-call 403.944.1200**

- Consult the Site Virologist/Microbiologist-on-Call listed above for STAT requests, and when specified in the Guide to Services
- See the **Guide to Services** (<https://www.albertahealthservices.ca/lab/page3317.aspx/education.htm>) for information on sample type, transport and testing

 Scanning Label or Accession # *(lab only)*

<b>Patient</b>	PHN _____ Prov _____ Expiry _____		Date of Birth <i>(dd-Mon-yyyy)</i>		
	Legal Last Name		Legal First Name		Alternate Identifier
	Middle Name	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X Non-binary/Prefer not to disclose		Phone
	Address		City/Town		Prov _____ Postal Code _____
<b>Provider(s)</b>	Authorizing Provider Name		Copy to Name <i>(last, first, middle)</i>		Copy to Name <i>(last, first, middle)</i>
	Address		Phone	Address	Address
	Millennium ID		Phone	Phone	

Specimen/Type Source - Specify				
Date Collected <i>(dd-Mon-yyyy)</i>	Time <i>(24 hr)</i>	Location	Collector ID	<b>Outbreak (EI)</b> <i>if applicable (yyyy-###)</i>

Specify Other Serology and Molecular Tests	Swab
<input checked="" type="checkbox"/> COVID-19 only  <input type="checkbox"/> COVID-19/Respiratory Pathogen Panel	<input type="checkbox"/> Nasopharyngeal <input checked="" type="checkbox"/> Throat

Provide Clinical History or Reason for Testing below - Completion of this section is required		
<b>Reason for Testing</b> Investigation for COVID-19 exposure  <b>Check ONE:</b> <input type="checkbox"/> Symptomatic <input checked="" type="checkbox"/> Asymptomatic  Date of onset of symptoms <i>(dd-Mon-yyyy)</i>	List Countries visited within past 3 months of symptom onset <b>OR</b> provide relevant travel history  <div style="text-align: right;"><input type="checkbox"/> No Travel</div>	
Immunocompromised <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(details)</i> _____	Date of return <i>(dd-Mon-yyyy)</i>	Relevant immunizations/dates

Consent	
Contact Preference for COVID-19 Results: <input type="checkbox"/> Text <input type="checkbox"/> Automated Dialer	
Phone number: _____	
Health Care Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No Health Care Worker or Resident of <b>LTC/DSL</b> Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, specify: Full Facility Name</b> _____	
<b>Location Code</b>	
Location Code <b>Required</b> _____ <i>(see reverse for list of Codes)</i>	
City or Town _____	

If your facility/location is not listed below - please mark "not found in list" on the "Location Code" line.

### South Zone

LTC/DSL Facility Name	Location Code	City or Town
AgeCare Sunrise Gardens	BRO ASG	Brooks
AgeCare Valleyview	MED ACV	Medicine Hat
Bassano Health Centre	BAS BHC	Bassano
Big Country Hospital	OYE BCH	Oyen
Bow Island Health Centre	BOW BIHC	Bow Island
Brooks Health Centre	BRO BHC	Brooks
Cardston Health Centre	CRD CHC	Cardston
Coaldale Health Centre	COA CHC	Coaldale
Crowsnest Pass Health Centre	BLM CPHC	Blairmore
Edith Cavell Care Centre	LET ECCC	Lethbridge
Extendicare Fairmont Park	LET EFP	Lethbridge
Extendicare Fort Macleod	FTM EFM	Fort Macleod
Fort MacLeod Health Centre	FTM FMHC	Fort Macleod
Good Samaritan Garden Vista	MAG GSGV	Magrath
Good Samaritan Lee Crest	CRD GSLC	Cardston
Good Samaritan Linden View	TAB GSLV	Taber
Good Samaritan Park Meadows Village	LET GSPMV	Lethbridge
Good Samaritan Prairie Ridge	RAY GSPR	Raymond
Good Samaritan South Ridge Village	MED GSSRV	Medicine Hat
Good Samaritan Vista Village	PIN GSVV	Pincher Creek
Good Samaritan West Highlands	LET GSWH	Lethbridge
Kainai Continuing Care Centre	SDO KCCC	Stand Off
Legacy Lodge	LET LL	Lethbridge
Leisure Way	MED LW	Medicine Hat
Masterpiece Southland Meadows	MED MSM	Medicine Hat
Meadow Ridge Seniors Village	MED MRSV	Medicine Hat
Meadowlands Retirement Residence	MED MRR	Medicine Hat
Milk River Health Centre	MIL MRHC	Milk River
Pincher Creek Health Centre	PIN PCHC	Pincher Creek
Piyami Place	PIC PP	Picture Butte
Raymond Health Centre	RAY RHC	Raymond
River Ridge Seniors Village	MED RRSV	Medicine Hat
Riverview Care Centre	MED RCC	Medicine Hat
St. Joseph's Home	MED SJH	Medicine Hat
St. Michael's Health Centre	LET SMHC	Lethbridge
St. Therese Villa	LET STV	Lethbridge
Sunny South Lodge	COA SSL	Coaldale
Sunnyside Care Centre	MED SCC	Medicine Hat
Taber Health Centre	TAB THC	Taber
Wellington Retirement Residence	MED WRR	Medicine Hat

Ambulatory, Emergency, Urgent Care Facility Name	Location Code	City or Town
Bassano Health Centre - Ambulatory	BAS BHCA	Bassano
Big Country Hospital - Ambulatory	OYE BCHA	Oyen
Bow Island Health Centre - Ambulatory	BOW BIHCA	Bow Island
Brooks Health Centre - Ambulatory	BRO BHCA	Brooks
Cardston Health Centre - Ambulatory	CRD CHCA	Cardston
Chinook Regional Hospital	LET CRH	Lethbridge
Coaldale Health Centre Ambulatory	COA CHCA	Coaldale
Crowsnest Pass Health Centre - Ambulatory	BLM CPHCA	Blairmore
Fort MacLeod Health Centre - Ambulatory	FTM FMHCA	Fort Macleod
Medicine Hat Regional Hospital	MED MHRH	Medicine Hat
Milk River Health Centre - Ambulatory	MIL MRHCA	Milk River
Pincher Creek Health Centre - Ambulatory	PIN PCHCA	Pincher Creek
Piyami Health Centre	PIC PHC	Picture Butte
Raymond Health Centre - Ambulatory	RAY RHCA	Raymond
Taber Health Centre - Ambulatory	TAB THCA	Taber