

COVID-19 Take Home Kit Instructions

In order for your test to be processed **you must be a patient of the clinic** where you picked up the testing kit.

What does the kit include?

- 1 Specimen tube with label attached
- 1 Swab
- 1 Requisition form
- Biohazard bag
- Hard copy instructions on how to complete the test; fill out the requisition and get results if not able to access online



How to collect sample

Consider watching a short video on how to complete the test collection by visiting ow.ly/bNCe50H7z6I or scan the QR code on the left.

- Wash Hands
- Remove swab from the package be sure to keep tip clean
- Insert swab between cheek and lower gums and rotate swab three times. Repeat on the other side of the mouth
- Tilt head back and insert same swab straight back into the nostril (not up the nostril). Stop when you meet resistance. Rotate the swab several times against the nasal wall and leave in place for several seconds
- Use the same swab and repeat on the other side
- Ensuring the swab does not come into contact with anything, carefully remove the cap of the tube and immediately place the swab inside the tube. Do not remove any liquid from inside the tube
- Break the swab at the break point and cap the tube tightly
- Before placing the tube inside the sealable part of the biohazard bag make sure to write on the label on the tube: date of collection, your full name and either your Health Card Number (required for accessing results online) or date of birth.
- Place the completed requisition in the outside envelope of the biohazard bag.

Complete the Requisition

Complete the vaccine status, clinical information, demographic information, travel, exposure, date of specimen collection and symptom history on the requisition. This is found on the right hand side of the requisition. See below:

Public Health Ontario Santé publique Ontario		COVID-19 and Respiratory Virus Test Requisition	
1 - Submitter Lab Number (if applicable): Ordering Clinician (required) Surname, First Name: OHIP/CPSO/Prof. License No.: Name of clinic/facility/health unit: Address: Postal code: Phone: Fax:		For laboratory use only Date received (yyyy/mm/dd): PHOL No.:	
cc <input type="checkbox"/> Hospital Lab (for entry into LIS) Hospital Name: Address (if different from ordering clinician): Postal Code: Phone: Fax:		2 - Patient Information Health Card No.: Medical Record No.: Last Name: First Name: Date of Birth (yyyy/mm/dd): Sex: <input type="radio"/> M <input type="radio"/> F Address: Postal Code: Patient Phone No.:	
cc <input type="checkbox"/> Other Authorized Health Care Provider: Surname, First name: OHIP/CPSO/Prof. License No.: Name of clinic/facility/health unit: Address: Postal code: Phone: Fax:		3 - Travel History Investigation or Outbreak No.: Travel to: Date of Travel (yyyy/mm/dd): Date of Return (yyyy/mm/dd):	
6 - Specimen Type (check all that apply) Specimen Collection Date (yyyy/mm/dd): (required) <input type="checkbox"/> NPS <input type="checkbox"/> Throat Swab <input type="checkbox"/> Saliva (Swish & Gargle) <input type="checkbox"/> Deep or Mid-turbinate Nasal Swab <input type="checkbox"/> Throat + Nasal <input type="checkbox"/> Saliva (Neat) <input type="checkbox"/> Oral (Buccal) + Deep Nasal <input type="checkbox"/> BAL <input type="checkbox"/> Anterior Nasal (Nose) <input type="checkbox"/> Other (Specify):		4 - Exposure History Exposure to probable, or confirmed case? <input type="radio"/> Yes <input type="radio"/> No Exposure details: Date of symptom onset of contact (yyyy/mm/dd):	
8 - COVID-19 Vaccination Status <input type="radio"/> Received all required doses >14 days ago <input type="radio"/> Unimmunized / partial series / ≤14 days after final dose <input type="radio"/> Unknown		5 - Test(s) Requested <input type="radio"/> COVID-19 Virus <input type="radio"/> Respiratory Viruses <input type="radio"/> COVID-19 Virus AND Respiratory Viruses	
9 - Clinical Information <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Fever <input type="checkbox"/> Pregnant <input type="checkbox"/> Symptomatic <input type="checkbox"/> Pneumonia <input type="checkbox"/> Other (Specify): Date of symptom onset (yyyy/mm/dd): <input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat		7 - Patient Setting / Type <input type="checkbox"/> Assessment Centre <input type="checkbox"/> Family doctor / clinic <input type="checkbox"/> Outpatient / ER not admitted Only if applicable, indicate the group: <input type="checkbox"/> ER - to be hospitalized <input type="checkbox"/> Deceased / Autopsy <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Institution / all group living settings Facility Name: <input type="checkbox"/> Inpatient (Hospitalized) <input type="checkbox"/> Inpatient (ICU / CCU) <input type="checkbox"/> Remote Community <input type="checkbox"/> Confirmation (for use ONLY by a COVID testing lab). Enter your result (NEG / POS / or IND): <input type="checkbox"/> Unhoused / Shelter <input type="checkbox"/> Other (Specify):	
CONFIDENTIAL WHEN COMPLETED The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36(1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO laboratory Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. Form No. F-SD-SCG-4000 (21/07/22).			

Test drop off and results

Tests must be returned to your family doctor's office drop box (where you picked up the test). Results will take 48 to 72 hours. Results will be available at **covid19results.ehealthontario.ca:4443/agree**. If your test results are not available within 72 after the swab is dropped off (not before), please contact your family doctor's office for the results.