

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.

Validating ONE ID and 2FA

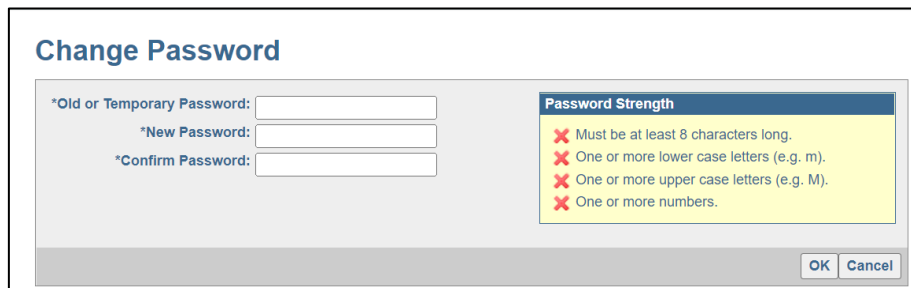
Before you begin, validate that your ONE ID login and 2 factor Authentication (2FA) are set up.

1. Log in to ONE ID: <https://sso.ehealthontario.ca/oneid-login-web/>



The screenshot shows the ONE ID login interface. At the top, it says "ONE ID Identity & Access Management" and "ONE ID identity and access management enables secure access to eHealth services." Below this, it prompts the user to "Please log in with your login ID and password." There are two input fields: "*Login:" with the text "jane.smith@oneid.on.ca" and "*Password:" with masked characters. A "Login" button is below the password field. At the bottom, there are links for "Forgot Login ID" and "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.



The screenshot shows the "Change Password" form. It has three input fields: "*Old or Temporary Password:", "*New Password:", and "*Confirm Password:". To the right of the form is a "Password Strength" warning box with a yellow background and red 'X' icons. The warning lists four requirements: "Must be at least 8 characters long.", "One or more lower case letters (e.g. m).", "One or more upper case letters (e.g. M).", and "One or more numbers." At the bottom right of the form are "OK" and "Cancel" buttons.

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 Information	Documents	Professional Designation	Credentials	Subsidiary Accounts
Challenge Phone Number(s) (more info)					
(647) 283-2759 Delete Change					
Add a number (optional)					
Challenge Questions (more info)					
Online Answer					
Mother's middle name? ***** Change					
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

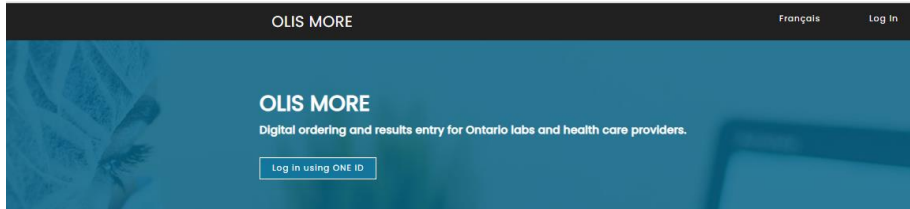
To update your online or service desk challenge questions:

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.

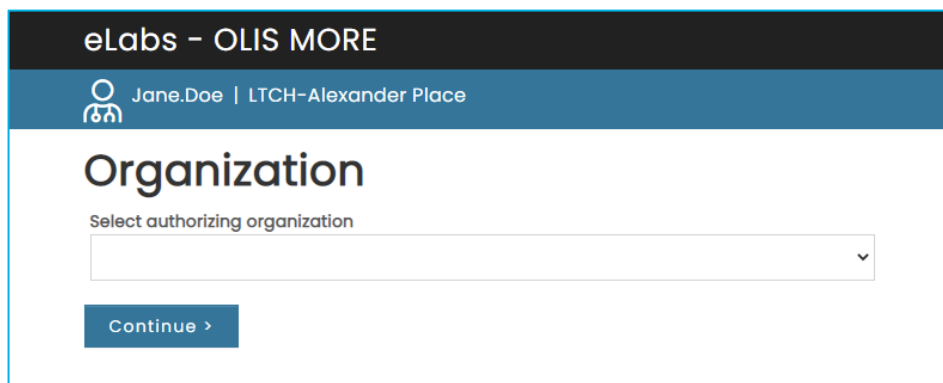
Creating a Results Report

Note: All fields are mandatory unless marked Optional.

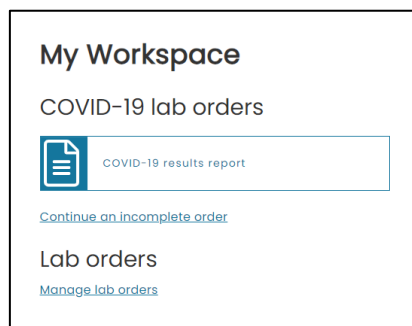
1. Login to OLIS-MORE: <https://olis-more.accessonehealth.ca/>



Organization



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-19 results report

Progress: 1 Submitter (active), 2 Patient information, 3 Patient setting, 4 Travel and exposure history, 5 Clinical information, 6 Specimen collection

Complete all information unless marked (optional). Enter details in all sections before you submit.

Submitter

Practitioner type

Ordering practitioner

Enter entire license number or start typing last name

Name of clinic/facility/health unit

Place the practitioner 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**.

COVID-19 results report

Progress: 1 Submitter, 2 Patient information (active), 3 Patient setting

Complete all information unless marked (optional). Enter details in all sections before you submit.

Patient information

Select the patient identifier

Ontario health card
 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**.

Patient information

Select the patient identifier

Ontario health card

Health card number

2000-055-810

10-digits on the front of the card

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.

Patient information

Select the patient identifier

Ontario health card

Patient validated

Name

Royal AAFONavy

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 exposure history Clinical information Specimen collection 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

Assessment Centre

Clinic/Community

ER (Not admitted)/Not yet determined

Congregate living setting

Inpatient (non-ICU)

ICU/CCU

Remote Community

Unhoused/Shelter

ER (Admitted)

Other (please specify)

Reason for testing

Healthcare Worker

Deceased or autopsy

Other (please 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-19 results report

Patient: AAFPTeal, Clare

Submitter Patient information Patient setting **4** Travel and exposure history Clinical information 5 Specimen collection 6 Test results 7 Review and submit 8

Complete all information unless marked (optional). Enter details in all sections before you submit.

Travel history

Has the patient travelled recently?

No

Yes

Unknown

None/Not applicable

Exposure history

Was the patient exposed to a probable or confirmed case?

No

Yes

Unknown

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

Patient: AAFPTeal, Clare



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

- Asymptomatic (no symptoms)
- Symptomatic
- 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*).
4. Click **Continue**.

COVID-19 results report

Patient: AAFPTeal, Clare



Complete all information unless marked (optional). Enter details in all sections before you submit.

Specimen type

- NPS
- Deep or mid-turbinate nasal swab
- Throat swab
- Throat and nasal
- BAL
- Saliva (swish and gargle)
- Saliva (neat)
- Anterior nasal (nose)
- Oral (buccal) and deep nasal
- Other (please specify)

Specimen collection date and time (24-hr)

2022-09-13 14:56

YYYY-MM-DD HH:MM

Additional comments (optional)

Maximum 512 characters

Pre-print options

[Patient instructions label](#)

[Patient instructions PDF](#)

[Specimen label](#)

Previous

Continue

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**.

COVID-19 results report

Patient: AAFPTeal, Clare

Submitter Patient information Patient setting Travel and exposure history Clinical information Specimen collection **7** Test results Review and submit **8**

Complete all information unless marked (optional). Enter details in all sections before you submit.

Test results

COVID-19 test type

ID Now

Test result

Positive

Negative

Invalid

Lab based PCR

Result notes (optional)

Maximum 512 characters

Test result date and time (24-hr)

2022-09-13 14:57

YYYY-MM-DD HH:MM

[Previous](#) [Continue](#) [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.**

Review and Submit


You may go back to edit details if required.
Destination Lab: **Public Health Laboratory - Toronto - 4269, Toronto, 661 University Ave**

COVID-19 Test Requisition 
W3C9F7H2F

ALL Sections of this form must be completed at every visit

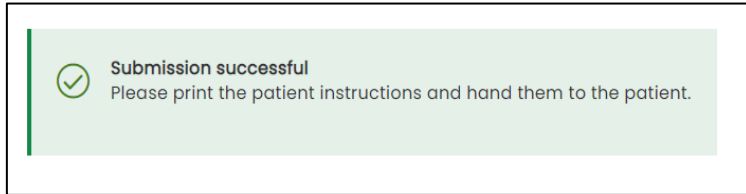
1 - Submitter Lab Number (if applicable): Ordering Clinician (required) Surname, First Name: Smith, Philip OHIP/CPSO/Prof. License No.: 55573 Name of clinic /facility/health unit: Test Clinic Address: Test Clinic Anywhere, ON L8L 1L4 Phone: 111-111-1111 Fax: <input type="checkbox"/> Other Authorized Health Care Provider: Surname, First name: OHIP/CPSO/Prof. License No.: Name of clinic /facility/health unit: Address:	For laboratory use only Date received (yyyy-mm-dd): PHOL No.: 2 - Patient Information Health Card No.: 2000-058-848 FI Medical Record No.: Last Name: AAFONavy First Name: Royal Date of Birth: 1940-12-12 Sex: Male (yyyy-mm-dd): Address: 750 York Mills Rd Apt#1234 Toronto, ON M3B 1X3 Phone No.: 416-555-3333 Investigation or Outbreak No.:
6 - Specimen Type Specimen collection date (yyyy-mm-dd hh:mm): 2022-08-17 13:58 <input checked="" type="checkbox"/> NPS	3 - Travel History Travel to: Date of Travel (yyyy-mm-dd): Date of Return (yyyy-mm-dd):
8 - COVID-19 Vaccination Status <input checked="" type="radio"/> Received all required doses >14 days ago. <input type="radio"/> Unimmunized or not fully immunized. <input type="radio"/> Unknown	4 - Exposure History Exposure to probable or confirmed case? <input type="radio"/> Yes <input checked="" type="radio"/> No Exposure details: Date of symptom onset (yyyy-mm-dd):
9 - Clinical Information <input checked="" type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unknown Date of symptom onset (yyyy-mm-dd): <input type="checkbox"/> Cough <input type="checkbox"/> Fever / temperature, if known: <input type="checkbox"/> Pneumonia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Pregnant <input type="checkbox"/> Other (Specify)	5 - Test(s) Requested <input checked="" type="checkbox"/> COVID-19 Virus 7 - Patient Setting / Type <input checked="" type="checkbox"/> Assessment Centre Only if applicable, indicate the group: <input checked="" type="checkbox"/> Not applicable

I confirm that all information entered is correct

Ontario 

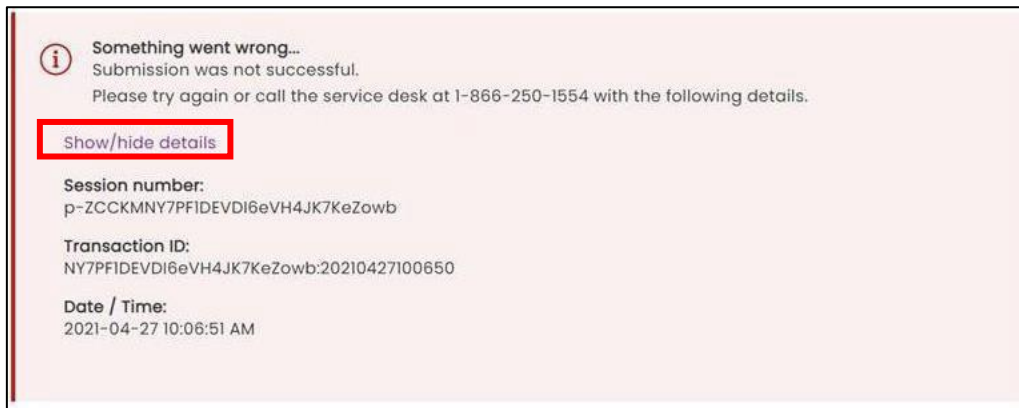
SUBMISSION SUCCESSFUL

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

1. Print the requisition if required by clicking the **Requisition** link.
2. 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](#) 

[Patient instructions label](#) 

[Patient instructions PDF](#) 


[Specimen label](#) 

Submission details

Lab order ID
JMVUR8AV6

Submission date/time
2022-02-11 08:52 AM

Destination lab
The Hospital For Sick Children - 4159, Toronto, 555 University Avenue

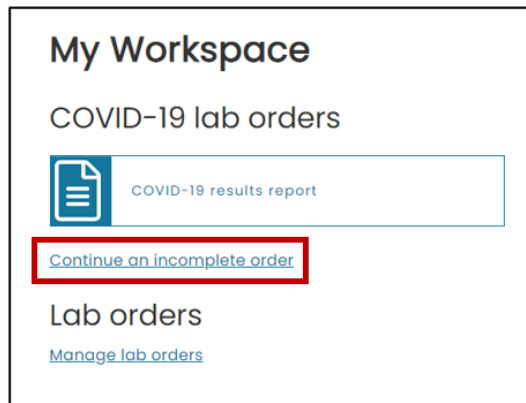
 [Create a new COVID-19 test requisition](#)

[Back to home](#)

Continue an Incomplete lab order

To submit an incomplete order requisition:

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



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.

The screenshot shows a table titled 'Incomplete lab orders' with a note: 'Incomplete lab orders are available for 24 hours from the time they were last saved.' Below the table is a 'Result reports' section. The table has columns: Patient, Saved, Saved by, Last step completed, and Delete. The first row contains: AAFPTeal, Clare; 2023-10-20 08:58; Batista, Michelle; Patient setting; and a trash can icon. Below the table is a 'Show 50 records' dropdown and pagination: First, Previous, 1, Next, Last. At the bottom, it says 'Showing 1 to 1 of 1 records'.

Patient	Saved	Saved by	Last step completed	Delete
AAFPTeal, Clare	2023-10-20 08:58	Batista, Michelle	Patient setting	

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:

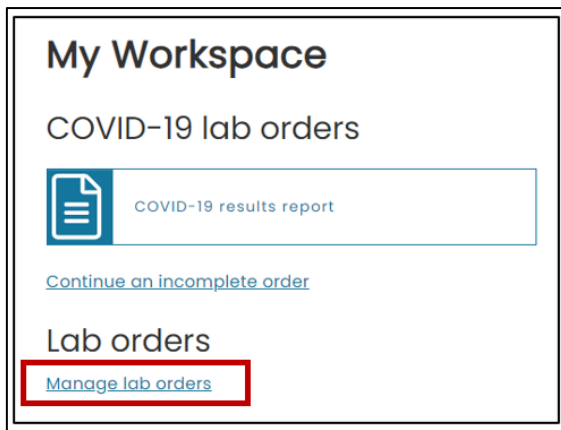
5. Go to the incomplete section and select the patient.
6. Verify the patient information with the patient and complete the outstanding fields, i.e., Vaccination Status, Symptoms, etc.
7. When completed, submit the requisition.

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.

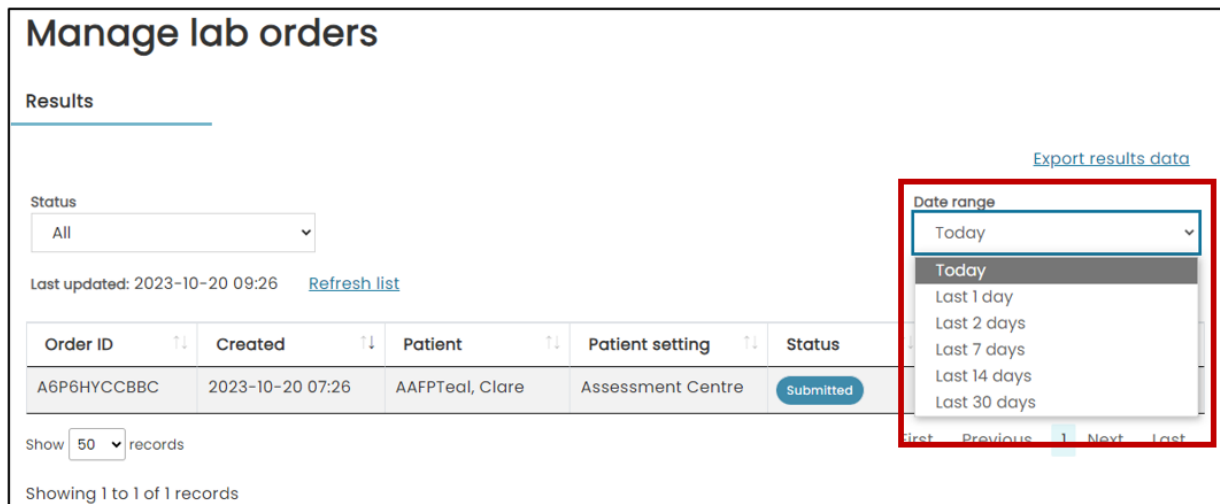
Manage Lab Orders

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.



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

Manage lab orders

Results

[Export results data](#)

Status:

Date range:

Last updated: 2023-10-20 09:26 [Refresh list](#)

Order ID	Created	Patient	Patient setting	Status	Modified by	Actions
A6P6HYCCBBC	2023-10-20 07:26	AAFPTeal, Clare	Assessment Centre	Submitted		...

Show records

Showing 1 to 1 of 1 records

First

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 lab orders

Results

[Export results data](#)

Status:

Date range:

Last updated: 2023-10-20 09:38 [Refresh list](#)

Order ID	Created	Patient	Patient setting	Status	Modified by	Actions
A6P6HYCCBBC	2023-10-20 07:26	AAFPTeal, Clare	Assessment Centre	Submitted		...

Show records

Showing 1 to 1 of 1 records

First Previous Next Last

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

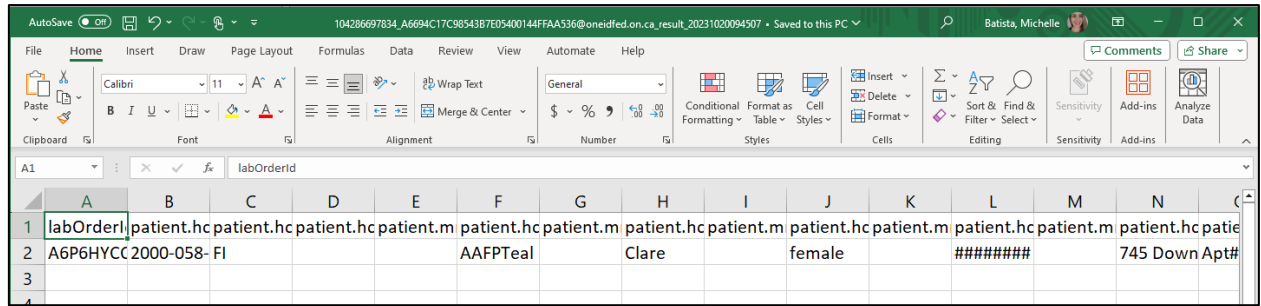
You can export data from the past 30 days. Select a date range below or define a custom range.

Date range:

From date:

To date:

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



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