


OLIS-MORE Job Aid – Creating COVID-19 Test Requisitions

This job aid provides instructions on how to complete the OLIS-MORE COVID-19 Test Requisition Order Entry.

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 positioned below the password field. At the bottom, there are two links: "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.

Change Password

*Old or Temporary Password:

*New Password:

*Confirm Password:

Password Strength

- ✘ 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).
- ✘ 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 Information	Documents	Professional Designation	Credentials	Subsidiary Accounts
Challenge Phone Number(s) (more info)					
<div style="border-bottom: 1px dashed #ccc; padding: 5px;"> (647) 283-2759 Delete Change </div> <div style="border-bottom: 1px dashed #ccc; padding: 5px;"> Add a number (optional) </div>					
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.

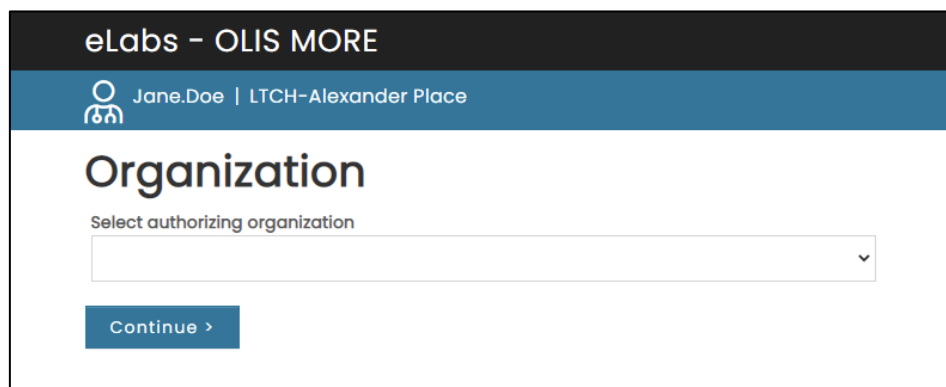
Creating a COVID-19 Test Requisition

Note: All fields are mandatory unless marked **Optional**.

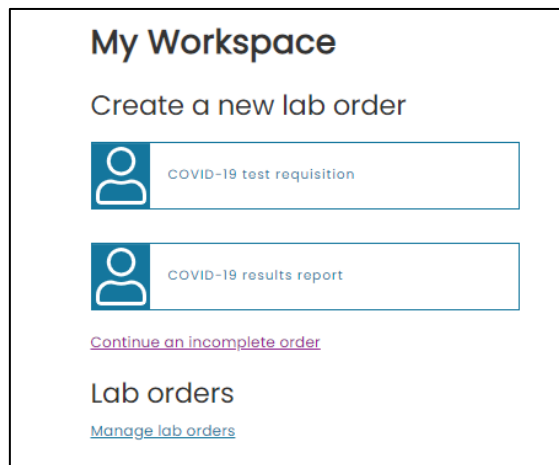
1. Login to OLIS-MORE: <https://olis-more.accessonehealth.ca/>



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 test requisition**.



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.

Destination and Submitter section

1. Enter **Destination lab**—just start typing the lab name or license number.
2. Select **Practitioner type** from the dropdown.
3. Enter the **Ordering practitioner** name—just start typing the name or license number.
4. Fill in Submitter **Address** and **Phone** details.

The screenshot shows a web form titled "COVID-19 test requisition". At the top, there is a progress bar with five steps: 1. Destination and submitter (highlighted), 2. Patient information, 3. Patient setting, 4. Travel and exposure history, and 5. Clinical information. Below the progress bar, a note says "Complete all information unless marked (optional). Enter details in all sections before you submit." The form is divided into two main sections: "Destination" and "Submitter".

Destination section:

- Field: Destination lab (that will perform the test). Value: The Hospital For Sick Children - 4159, Toronto, 555 University Avenue. Below it, a note says "Start typing lab name or license no."

Submitter section:

- Field: Practitioner type. Value: Doctor (dropdown menu).
- Field: Ordering practitioner. Value: MCCLINTOCK, WILLIAM - 11694. Below it, a note says "Enter entire license number or start typing last name".
- Field: Name of clinic/facility/health unit. Value: Training Clinic. Below it, a note says "Place the practitioner works".
- Field: Address. Value: 207-679 DAVIS DRIVE. Below it, a note says "location of the clinic/facility/health unit".

Right side fields:

- Field: City. Value: Newmarket.
- Field: Province. Value: Ontario (dropdown menu).
- Field: Postal code. Value: L3Y 5G8. Below it, a note says "Example: A2A 2A2".
- Field: Phone (optional). Value: 123-123-1234. Below it, a note says "Example: 416-123-9876".
- Field: Ext. (optional). Value: (empty). Below it, a note says "Example: 12345".
- Field: Fax (optional). Value: (empty). Below it, a note says "Example: 416-123-9876".
- Field: cc other authorized health provider.

At the bottom right of the form is a blue "Continue" button.

5. Click Continue.

Note: Destination and Submitter fields:

- Information entered in the destination and 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 test requisition

Progress bar: 1. Destination and submitter (checked), 2. Patient information (active), 3. Patient setting, 4. Travel and exposure history, 5. Clinical information, 6. Tests requested and specimen type, 7. Review and submit.

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.

Ontario health card

Health card number

10-digits on the front of the card

This is a red and white health card

Version code

Two letters after the health number

3. Click **Continue**.
4. 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.

Patient information

Select the patient identifier

Ontario health card

Patient validated

Name
Royal AAFONavy

Health card number
2000-058-848

Version code
FI

Date of birth
1940-12-12

Sex
Male

I confirm this is the correct patient [Change patient](#)

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

Clare AAFPTeal

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.

1. Select the **Patient location**.
2. Select the **Reason for testing**.
3. Enter the **Investigation or outbreak no.** Provided by Public Health (if known) otherwise leave field blank.
4. Click **Continue**.

The screenshot shows the 'COVID-19 test requisition' form. At the top, a progress bar indicates seven steps: 1. Destination and submitter (checked), 2. Patient information (checked), 3. Patient setting (current step, highlighted with a blue circle), 4. Travel and exposure history, 5. Clinical information, 6. Tests requested and specimen type, and 7. Review and submit. The patient's name, 'Patient: AAFPTeal, Clare', is displayed in the top right corner. Below the progress bar, a note states: 'Complete all information unless marked (optional). Enter details in all sections before you submit.' The 'Patient setting or type' section contains two sub-sections: 'Patient location' with radio button options for Assessment Centre, Clinic/Community, ER (Not admitted)/Not yet determined, Congregate living setting, Inpatient (non-ICU), ICU/CCU, Remote Community, Unhoused/Shelter, ER (Admitted), and Other (please specify); and 'Reason for testing' with radio button options for Healthcare Worker, Deceased or autopsy, and Other (please specify). Below these is a text input field for 'Investigation or outbreak no. (if known)'. At the bottom, there are three buttons: 'Previous', 'Continue' (highlighted in blue), and '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 test requisition

Patient: AAFPTeal, Clare

Destination and submitter ✓ Patient information ✓ Patient setting ✓ **Travel and exposure history** 4 Clinical information 5 Tests requested and specimen type 6 Review and submit 7

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

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 test requisition

Patient: AAFPTeal, Clare

Destination and submitter ✓ Patient information ✓ Patient setting ✓ Travel and exposure history ✓ **Clinical information** 5 Tests requested and specimen type 6 Review and submit 7

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

Tests requested, Specimen type, Pre-print options

1. Select **COVID-19 virus**.

2. Select the **Specimen type**.
3. If required, enter **Additional comments**.
4. **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.

5. Click the **Specimen label link** to print the specimen label. Click the arrow to download the document.
6. Click **Continue**.

Destination and submitter ✓ Patient information ✓ Patient setting ✓ Travel and exposure history ✓ Clinical information ✓ Tests requested and specimen type 6 Review and submit 7

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

Test requested

COVID-19 virus

Specimen type

NPS

Deep or mid-turbinate nasal swab

Throat swab

Throat and nasal

BAL

Saliva (swish and gargle)

Saliva (noat)

Anterior nasal (nose)

Oral (buccal) and deep nasal

Other (please specify)

Specimen collection date and time (24-hr)

2022-08-17 13:58

YYYY-MM-DD HHMM

Additional comments (optional)

Maximum 512 characters

Pre-print options

[Patient instructions label](#)

[Patient instructions PDF](#)

[Specimen label](#)

- **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.
- When no e-Order is created, the previously pre-printed information for this order will no longer be valid, including any MRN number generated. This will now be a manual order and the requisition must be printed and submitted along with the specimen.

Review and Submit

1. 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'.

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

COVID-19 test requisition

Patient: AAFPTeal, Clare

Destination and submitter Patient information Patient setting Travel and exposure history Clinical information Tests requested and specimen type **Review and submit**

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

Review and Submit

You may go back to edit details if required.
Destination Lab: **The Hospital For Sick Children - 4159, Toronto, 555 University Avenue**

COVID-19 Test Requisition

ALL Sections of this form must be completed at every visit.

YURCY37QD7

1 - Submitter Lab Number (if applicable): Ordering Clinician (required) Surname, First Name: MCCLINTOCK, WILLIAM OHIP/CPSO/Prof. License No.: 11694 Name of clinic: Training Clinic /facility/health unit: Address: 207-679 DAVIS DRIVE Newmarket, ON L3Y 5G8 Phone: 123-123-1234 Fax: cc: <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.: 2000-058-855 FI Medical Record No.: Last Name: AAFPTeal First Name: Clare Date of Birth: 1958-12-12 Sex: Female (yyyy-mm-dd): Address: 745 Downs View Avenue Apt#209 London, ON N6L 0G0 Phone No.: 416-444-8888 Investigation or Outbreak No.:
6 - Specimen Type Specimen collection date (yyyy-mm-dd hh:mm): 2023-10-18 09:52 <input checked="" type="checkbox"/> Anterior Nasal (Nose)	3 - Travel History Travel to: Travel Date (yyyy-mm-dd): Return Date (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 <input type="checkbox"/> Respiratory Virus Panel including COVID 7 - Patient Setting / Type <input checked="" type="checkbox"/> Assessment Centre Only if applicable, indicate the reason for testing: <input checked="" type="checkbox"/> Healthcare Worker

Confidential Document - Contains Personal Health Information
Generated by: Batisia, Michelle 2023-10-18 09:52:25

Ontario

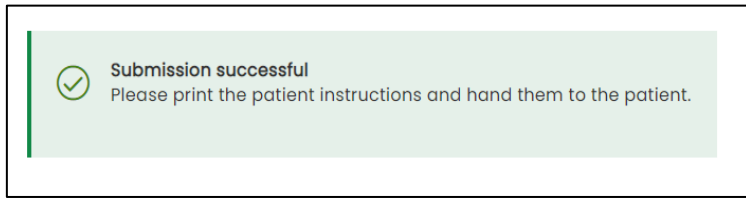
I confirm that all information entered is correct

Submit requisition Discard Save for later

Go back to edit details

Submission successful

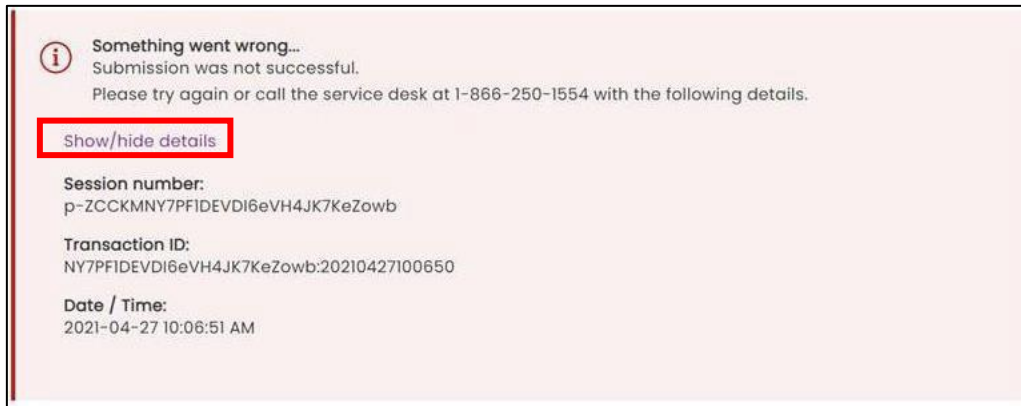
A green message will be displayed indicating that the submission was successful. Print the patient instructions and hand them to the patient.



Submission unsuccessful

A red message will be displayed indicating that the submission was unsuccessful.

- 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 the green and white health card and the submission is unsuccessful, the **MRN and Verification code will not be created.**

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 and Specimen Label


1. Print the requisition if required by clicking the Requisition link.
2. Print the specimen label by clicking the Specimen Label link, then affix to the specimen sample.


Note: Once you leave this page, you will not be able to print out the Requisition Form, 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
JMVURBAV8

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](#)

EXAMPLES OF PRINTOUTS

Requisition, Patient Instructions PDF, Patient Label and Specimen Label Examples:

COVID-19 Test Requisition Submitted electronically to LIS: 04/18/2023
5XHTF4TP8PN

All sections of this form must be completed at every visit.

1 - Submitter Lab Number (if applicable) Ordering Clinician (required) Surname, First Name: WAGLE/STOCK, WILLIAM On/Off/ISO Prof. License No.: 91684 Name of clinic: Training Clinic Facility/Dept. Unit: HPO/ISS: 207-679-5400/0401 NEWCASTLE, ON L3T 5G8 Phone: 523-523-5234 Fax: <input type="checkbox"/> Other Authorized Health Care Provider: Surname, First Name: On/Off/ISO Prof. License No.: Name of clinic: Facility/Dept. Unit: Address:	For laboratory use only Date received: PHC/18/ Submitted: 2 - Patients Information Health Card No.: 2000-058-848 Medical Record No.: Q913-0081-0679-2005 Last Name: AAFONavy First Name: Royal Date of Birth: 1948-12-12 Sex: Male Address: 750 York Mills Rd Apt#1234 Toronto, ON M3B 1K3 Phone No.: 416-555-2333 Investigation or Outbreak No.:
5 - Specimen Type Specimen collection date (required) (format: YYYY-MM-DD HH:MM) 2023-10-18 11:30 <input checked="" type="checkbox"/> Anterior Nasal Swab	3 - Travel History Trip to: Trip Date (required) Return Date (required)
6 - COVID-19 Vaccination Status <input checked="" type="checkbox"/> Exposed and vaccinated (ages 14-65) <input type="checkbox"/> Vaccinated or fully vaccinated <input type="checkbox"/> Unvaccinated	4 - Exposure History Exposure to probable or confirmed case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exposure date: Date of symptom onset (required)
9 - Clinical Information <input checked="" type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Unsymptomatic Date of symptom onset (required) <input type="checkbox"/> Cough <input type="checkbox"/> Fever (temp above 38°C) <input type="checkbox"/> Rhinitis <input type="checkbox"/> Sore Throat <input type="checkbox"/> Other (Specify):	5 - Tests Requested <input checked="" type="checkbox"/> COVID-19 Virus <input type="checkbox"/> Necessary (outbreak/investigation/COVID)
7 - Patient Setting / Type <input checked="" type="checkbox"/> Assessment Centre Only if applicable, indicate the reason for setting: <input checked="" type="checkbox"/> Healthcare Worker	

Confidential Document - Contains Personal Health Information
Generated by: Sarsis, Stohala 2023-10-18 11:30:17

Ontario

2023-10-18 11:30 5000 OLIS BSD AAFONavy, Royal DOB: 1948-12-12 SEX: Male HCN: 2000-058-848	Src: Nasal Test: COVID-19 virus  5XHTF4TP8PN
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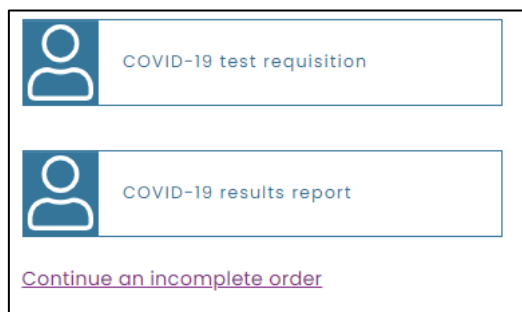
UNSUCCESSFUL SUBMISSION

- Requisitions and Specimen labels beginning with an X–(dash) will indicate to the labs that an e-Order was NOT created, eliminating the need for the testing site to flag for the lab that this is a manual entry -no e-order was created.
- The X – (dash) preceding the lab order number indicates an electronic order was not created and this order must be entered manually by the lab.

Continue an Incomplete lab order

To submit an incomplete order requisition:

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



2. On the Requisitions tab, select the name of the desired patient from the list of incomplete lab orders.
3. Click on the gray arrow to search by 'saved,' 'saved by,' and 'last step 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.					
Requisitions		Result reports			
Patient	Saved	Saved by	Last step completed	Delete	
TestPatientLN, TestPatientFN	2021-08-17 11:37	Bajaj, Nivedita	Tests requested and specimen type	🗑️	
ACNLBlack_Diamond	2021-08-17 10:39	Richard, Mitchell	Patient information	🗑️	
TestPatientLN, TestPatientFN	2021-08-17 08:08	Richard, Mitchell	Patient information	🗑️	
TestPatientLN, TestPatientFN	2021-08-17 03:01	Aery, Rajesh	Patient information	🗑️	
TestPatientLN, TestPatientFN	2021-08-16 22:02	Aery, Rajesh	Patient information	🗑️	
TestPatientLN, TestPatientFN	2021-08-16 18:55	Bajaj, Nivedita	Patient information	🗑️	
TestPatientLN, TestPatientFN	2021-08-16 17:02	Aery, Rajesh	Patient information	🗑️	
TestPatientLN, TestPatientFN	2021-08-16 16:27	Bajaj, Nivedita	Patient information	🗑️	
Daffodil_Yellow	2021-08-16 16:09	Bajaj, Nivedita	Tests requested and specimen type	🗑️	
TestPatientLN, TestPatientFN	2021-08-16 16:01	Bajaj, Nivedita	Patient information	🗑️	
rts_dst	2021-08-16 10:58	Richard, Mitchell	Travel and exposure history	🗑️	

Show 50 records First Previous 1 Next Last

Suggested workflows using Save for Later

PRE-REGISTERING PATIENTS:

1. Complete the Destination and Submitter sections.
 - a. Complete any additional information on MORE from the pre-booking appointment information, i.e., Patient Information (health card, DOB, sex validating, address, phone number).
 - b. Complete the Patient Setting section.
 - c. Click Save for later.
2. When patient arrives at the testing site:
 - a. Go to the incomplete section and select the patient.
 - b. Verify the patient information with the patient and complete the outstanding fields, i.e., Vaccination Status, Symptoms, etc.
 - c. 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.

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