

QUEEN ELIZABETH HOSPITAL



PRINCE EDWARD ISLAND
A division of Health PEI

Location of Testing:

Emergency Department
Queen Elizabeth Hospital
Charlottetown, PEI

Hours of Operation:

Sunday – Saturday 24/7

COVID-19 INFORMATION REQUEST:

CHECK ONE:

EXCEPTIONAL ONE TIME REQUESTS	HEALTH CARE WORKER REQUESTS	Vendor or Service Representative
<input type="checkbox"/> Terminal Palliative Care Patient Visit Unit: Phone: Patient to be visited: Initiating Staff:	<input type="checkbox"/> Locum / Returning Physician or Staff Requestor for service: _____ Cell/Page number: Location of locum/work:	<input type="checkbox"/> Department / Unit requiring service Contact:
Testing in all cases assumes the patient does not have any COVID-19 Symptoms. If Symptoms develop further testing is required		

Date Form filled out:

Date arrived or expected to arrive on PEI: (MMM/DD/YYYY):

Time:

CHECK ONE OF THE FOLLOWING:

1. PEI RESIDENT: **2. NON-PEI BUT CANADIAN RESIDENT** **3. NON-Canadian Resident**

Full Legal Name:

DOB (MMM/DD/YYYY): _____

Email address: _____

Permanent Address: _____

Phone Number (Cell): _____

Address staying on PEI: _____

Emergency Contact and Cell phone: _____

For 1 and 2: Province and Health Card Number: _____ Exp Date: _____

Email form to QEHADmitting@ihis.org by the Health PEI Requestor

Call results to

Name: _____

Phone: _____

NOTE:

- 1. For Name, please include first and last name and Title (RN, MD, etc)**
- 2. Phone number needs to a direct line (No Voice Mail)**
- 3. LAB Technologist cannot call the person or family member directly. If unsure of whom to put for call results then write "Nurse Supervisor on Call."**