

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. You can also review instructions by watching the [COVID-19 Results Report Training Video](#).

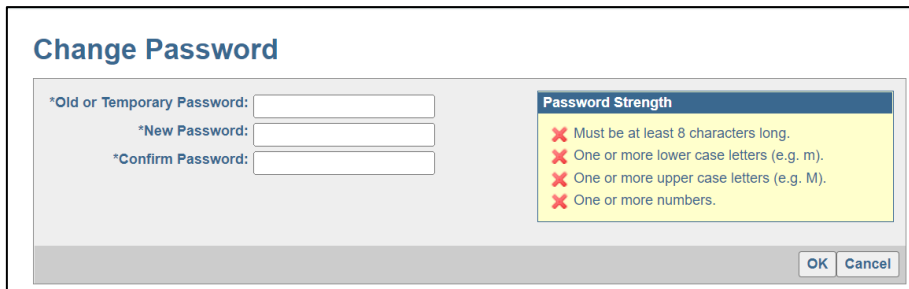
Validating ONE ID and 2FA

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

1. Log in to ONE ID: oneid.ehealthontario.ca

The screenshot shows the ONE ID login page. At the top is the ONE ID logo with the tagline "Identity & Access Management". Below this, it states "ONE® ID identity and access management enables secure access to eHealth services." The main instruction is "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 these fields is a "Password Strength" box with a yellow background and a blue header. It lists four requirements, each preceded by a red 'X' icon: "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.

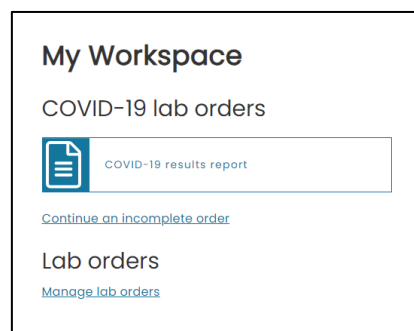
1. Login to OLIS-MORE: <https://olis-more.accessonehealth.ca/>



Organization

The image shows the "eLabs - OLIS MORE" interface. At the top, there is a dark blue header with "eLabs - OLIS MORE" on the left and a user profile icon with the name "Jane.Doe | LTCH-Alexander Place" on the right. Below the header is a white box with the title "Organization". Inside this box, there is a label "Select authorizing organization" above a dropdown menu. Below the dropdown menu is a blue button with the text "Continue >".

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.

The screenshot shows the 'COVID-19 results report' form with a progress bar at the top. The progress bar has six steps: 1. Submitter (active), 2. Patient information, 3. Patient setting, 4. Travel and exposure history, 5. Clinical information, and 6. Specimen collection. Below the progress bar, a message states: 'Complete all information unless marked (optional). Enter details in all sections before you submit.' The 'Submitter' section is highlighted in light blue. It contains a 'Practitioner type' dropdown menu with 'Doctor' selected. Below this is a text field for 'Ordering practitioner' containing 'MCCLINTOCK, WILLIAM - 11694', with a note 'Enter entire license number or start typing last name'. At the bottom is a text field for 'Name of clinic/facility/health unit' containing 'Test Clinic', with a note '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**.

The screenshot shows the 'COVID-19 results report' form with a progress bar at the top. The progress bar has three steps: 1. Submitter (completed, marked with a checkmark), 2. Patient information (active), and 3. Patient setting. Below the progress bar, a message states: 'Complete all information unless marked (optional). Enter details in all sections before you submit.' The 'Patient information' section is highlighted in light blue. It contains a 'Select the patient identifier' section with two radio button options: 'Ontario health card' and 'No health card available'. At the bottom are two buttons: 'Previous' and 'Continue'.

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
2000-055-810
10-digits on the front of the card

☐ This is a red and white health card

Version code
FI
Two letters after the health number

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.

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

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**.

The screenshot shows a web form titled "COVID-19 results report" for a patient named "AAFPTeal, Clare". A progress bar at the top indicates the current step is "Travel and exposure history" (step 4), with previous steps (1-3) completed and subsequent steps (5-8) pending. The form includes a instruction: "Complete all information unless marked (optional). Enter details in all sections before you submit." The "Travel history" section asks "Has the patient travelled recently?" with radio button options: No, Yes, Unknown, and None/Not applicable. The "Exposure history" section asks "Was the patient exposed to a probable or confirmed case?" with radio button options: No, Yes, and Unknown. At the bottom, there are "Previous" and "Continue" buttons, and a "Save for later" button in the bottom right corner.

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

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.

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*).

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.

4. Click the **Patient instructions label** link to print the patient instructions label. Click the arrow to download the document.
5. Click the **Patient instructions PDF** link to print the patient instructions PDF. Click the arrow to download the document.
6. Click the **Specimen label link** to print the specimen label. Click the arrow to download the document.
7. Click **Continue**.

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.

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

✓

✓

✓

✓

✓

✓

7

8

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.

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
ALL Sections of this form must be completed at every visit


W3C9F7H2F

1 - Submitter Lab Number (if applicable): Ordering Clinician (required) Surname, First Name: Smith, Philip OHIP/CPSO/Prof. License No.: 55573 Name of clinic: Test Clinic /facility/health unit: Address: Test Clinic Anywhere, ON L8L 1L4 Phone: 111-111-1111 Fax: cc ☐ 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: PHOL No.: (yyyy-mm-dd): 2 - Patient Information Health Card No.: Medical Record No.: 2000-058-848 FI 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 ☒ NPS	3 - Travel History Travel to: Date of Travel (yyyy-mm-dd): Date of Return (yyyy-mm-dd):
8 - COVID-19 Vaccination Status ☒ Received all required doses >14 days ago. ☐ Unimmunized or not fully immunized. ☐ Unknown	4 - Exposure History Exposure to probable or confirmed case? ☐ Yes ☒ No Exposure details: Date of symptom onset (yyyy-mm-dd):
9 - Clinical Information ☒ Asymptomatic ☐ Symptomatic ☐ Unknown Date of symptom onset (yyyy-mm-dd): ☐ Cough ☐ Fever / temperature, if known: ☐ Pneumonia ☐ Sore Throat ☐ Pregnant ☐ Other (Specify)	5 - Test(s) Requested ☒ COVID-19 Virus 7 - Patient Setting / Type ☒ Assessment Centre Only if applicable, indicate the group: ☒ Not applicable

Ontario

☐ I confirm that all information entered is correct

Submit requisition

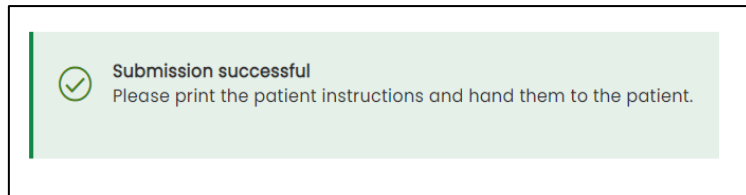
Discard

Go back to edit details

Save for later

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

3. Print the requisition if required by clicking the **Requisition** link.
4. Click the **Patient Instructions label** or **Patient instructions PDF** link, print the required documents, and provide to the patient. The PDF and label have the MRN and Verification code for patients without a green and white health card.
5. 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
JMVUR8AV8

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](#)

REQUISITION, PATIENT INSTRUCTIONS PDF, PATIENT LABEL, SPECIMEN LABEL EXAMPLES:

Test Date:	MRN:
2023-10-18	6998-QPSU-S6RT-P87V-SM95
Facility:	Verification Code:
Training Clinic	58D-7B6E-482
Phone: 123-123-1234	
To view results go to: https://covid-19.ontario.ca	

2023-10-18 11:30	Src: Nasal
5000 OLIS BSD	Test: COVID-19 virus
AAFONavy, Royal	
DOB: 1940-12-12	
SEX: Male	
HCN: 2000-058-848	



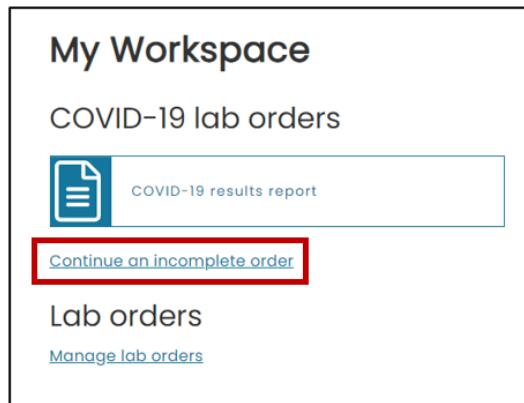
5XHTF4TP8PN

Ontario Laboratories Information System COVID-19 Results Report		 SUPPLYING LABORATORY ID: 5 83927439320													
Patient Health card #: 2000-058-848 P Name: AAFONavy, Royal Gender: Female DOB: 1940-12-12 Address: 745 College Ave, Suite 1000 London, ON N6L 5G2 Phone: 416-444-8888 Investigation or outbreak #: Patient setting or type: Setting: Inpatient Unit Reason for testing: Inpatient Unit		Report details Order date/time: 2023-10-18 12:30 Order ID: 58D-7B6E-482 Ordered, collected, performed and reported by: Address: 416 Yonge Street Toronto, ON M5E 1B5 Phone: 416-393-2871 Provider: Ordered by: Address: Phone: Fax: CC other authorized health provider: Practitioner: Address: Specimen collection: Specimen type: Collected: 2023-10-18 12:30 Comments:													
Travel and exposure history Recent travel: No Travel date: Return date: Exposure: No Date of symptom onset of contact: Exposure details:		How to access your test result using your medical record number (MRN)   Online Access 1. Using your device, scan the QR code, or go to https://covid-19.ontario.ca 2. Select Check your results 3. On the COVID-19 test results page: • Step 1 - select Other or no identification • Step 2 - select Testing label • Step 3 - select Got it • Step 4 - read the terms and Agree and continue 4. When prompted, enter the testing label information Testing label <table> <tr> <td>Test date</td> <td>MRN</td> </tr> <tr> <td>2023-10-18</td> <td>6998-QPSU-S6RT-P87V-SM95</td> </tr> <tr> <td>Facility</td> <td>Verification code</td> </tr> <tr> <td>Training Clinic</td> <td>58D-7B6E-482</td> </tr> <tr> <td>Phone</td> <td></td> </tr> <tr> <td>123-123-1234</td> <td></td> </tr> </table> To view results go to: https://covid-19.ontario.ca		Test date	MRN	2023-10-18	6998-QPSU-S6RT-P87V-SM95	Facility	Verification code	Training Clinic	58D-7B6E-482	Phone		123-123-1234	
Test date	MRN														
2023-10-18	6998-QPSU-S6RT-P87V-SM95														
Facility	Verification code														
Training Clinic	58D-7B6E-482														
Phone															
123-123-1234															
Clinical information Vaccination status: Received all required doses greater than 14 days ago Symptoms: Asymptomatic Symptom onset date:		5. Enter any other required information and Access results No access to online results If you are unable to access your test result online, or have waited 4 days and don't see results online, please contact the testing location listed in the testing label to get your result.													
Test results - microbiology Rapid SARS-CoV-2 RNA SARS-CoV-2 (COVID-19) RNA PCR/NAAT: Negative COVID-19 Virus PCR Interpretation SARS-CoV-2 NOT Detected		Test result date and time: 2023-10-18 12:30 Result notes:													
Confidential Document - Contains Personal Health Information Generated by: Service, 10/18/2023 12:30:01															

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.

Incomplete lab orders				
Incomplete lab orders are available for 24 hours from the time they were last saved.				
Result reports				
Patient	Saved	Saved by	Last step completed	Delete
AAFPTeal, Clare	2023-10-20 08:58	Batista, Michelle	Patient setting	
Show 50 records				
First Previous 1 Next Last				
Showing 1 to 1 of 1 records				

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:

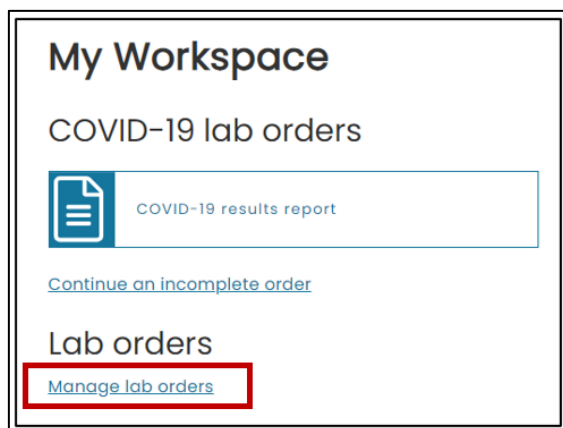
5. Go to the incomplete section and select the patient.
6. Verify the patient information with the patient and complete the outstanding fields, i.e., Vaccination Status, Symptoms, etc.
7. When completed, submit the requisition.

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.

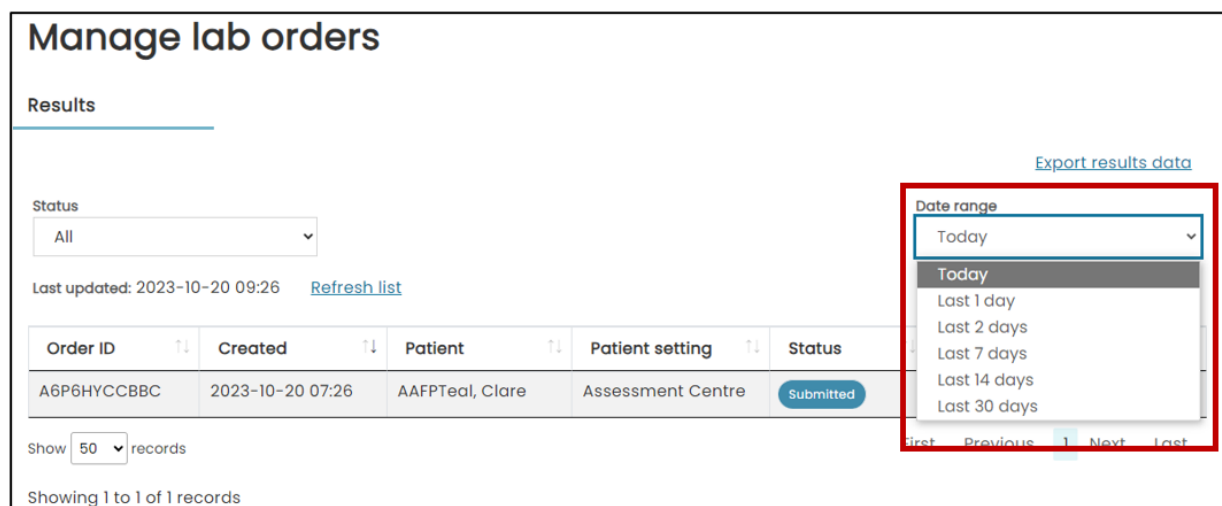
Manage Lab Orders

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 [View PDF](#)

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 **1** 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:

[Generate report](#) [Cancel](#)

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

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	labOrderid	patient.hc	patient.hc	patient.hc	patient.m	patient.hc	patient.m	patient.hc	patient.m	patient.hc	patient.m	patient.hc	patient.m	patient.hc	patient.m
2	A6P6HYCC 2000-058- FI					AAFPTEal		Clare		female		#####		745 Down Apt#	
3															
4															

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