

The Ministry of Health has been working with Public Health Units to consolidate all requests for LTCHs/RHs. This request is for use in the Region of Peel. We will contact you once this request has been reviewed. If supplies are not available, the Key Contact will be notified.

For more information email [zzg-PHSwabRequests@peelregion.ca](mailto:zzg-PHSwabRequests@peelregion.ca)

Facility Information	
Facility Name	<input type="text"/>
Address	<input type="text"/>
Facility Phone Number	<input type="text"/>
Key Contact Name	<input type="text"/>
Key Contact Phone Number with ext.	<input type="text"/>
Key Contact Email Address	<input type="text"/>
Today's Date	<input type="text"/>
Resident/Staff Information	
Are you requesting swabs for residents, staff, both?	<input type="checkbox"/> Residents or <input type="checkbox"/> Residents and Staff
How many residents do you have in your LTCH/RH?	<input type="text"/>
How many staff do you have in your LTCH/RH?	<input type="text"/>
Outbreak Status	
Do you have a COVID-19 Outbreak?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
If yes, what floor or section of the Home?	<input type="text"/>
If yes, what is your <b>outbreak number</b> ?	<input type="text"/>
Delivery Information	
Date Swabs required	<input type="text"/>
Can you pick up swabs at 7120 Hurontario St.?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Swab Order Information	
What is your anticipated daily requirement for swabs based on operations to date?	<input type="text"/>
<b>How many swabs do you need?</b>	<input type="text"/>
<b>Do you require support for testing?</b>	<input type="text"/>
For Public Health Unit (PHU) Only:	
Approved number of swabs to release	<input type="text"/>
Does LTC/RH need support testing?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Main contact email (if not listed above)	<input type="text"/>