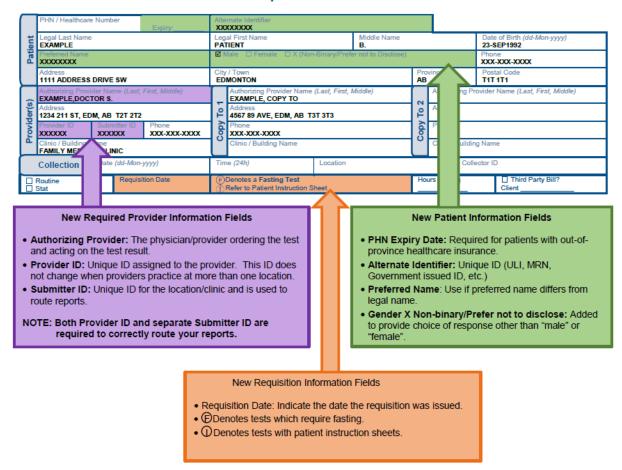Alberta Health Services

Connect Care

Tip: Using Connect Care IDs on Laboratory and Diagnostic Imaging Requisitions

Providers throughout Alberta need to use Connect Care Identifiers (provider, submitter and department IDs) on requisitions when they order labs and diagnostic imaging. Connect Care IDs can be found at provideridlookup.ahs.ca.

Requisitions from DynaLIFE, Alberta Precisions Laboratories (APL) and AHS Diagnostic Imaging have been updated to include **fields for provider ID, submitter ID, and department ID. Please be sure you are using current requistions.**
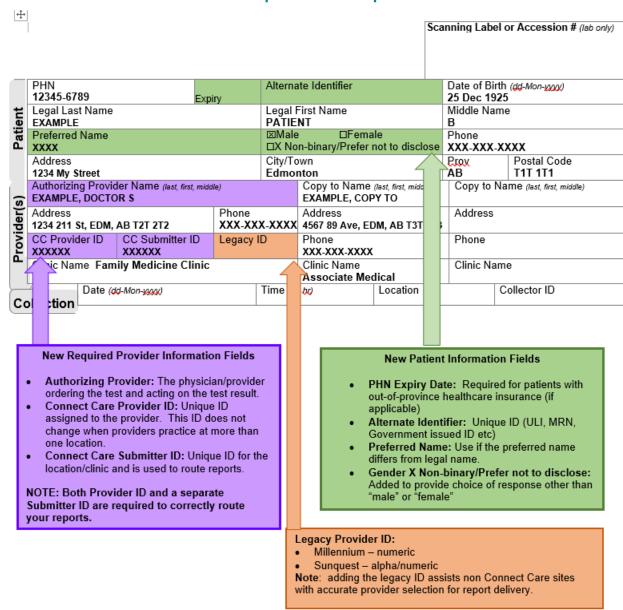
DynaLIFE Laboratory Requisition Example

DynaLIFE laboratory requisitions can be found at the following link: https://www.dynalife.ca/Requisitions. The requisition generator allows providers to pre-populate and save/print key requisitions with their provider name, contact information, Connect Care IDs and Legacy IDs (used by labs not yet on Connect Care).

Alberta Health Services

Alberta Precision Laboratories Requisition Example

Scanning Label or Accession # *(lab only)*

Patient

PHN 12345-6789	Expiry	Alternate Identifier	Date of Birth *(dd-Mon-yyyy)* 25 Dec 1925
Legal Last Name EXAMPLE		Legal First Name PATIENT	Middle Name B
Preferred Name XXXX		☒Male ☐Female ☐X Non-binary/Prefer not to disclose	Phone XXX-XXX-XXXX
Address 1234 My Street		City/Town Edmonton	Prov. AB / Postal Code T1T 1T1

Provider(s)

Authorizing Provider Name *(last, first, middle)* EXAMPLE, DOCTOR S		Copy to Name *(last, first, middle)* EXAMPLE, COPY TO	Copy to Name *(last, first, middle)*
Address 1234 211 St, EDM, AB T2T 2T2	Phone XXX-XXX-XXXX	Address 4567 89 Ave, EDM, AB T3T	Address
CC Provider ID XXXXXX / CC Submitter ID XXXXXX	Legacy ID	Phone XXX-XXX-XXXX	Phone
Clinic Name Family Medicine Clinic		Clinic Name Associate Medical	Clinic Name

Collection

	Date *(dd-Mon-yyyy)*	Time *(hr)*	Location	Collector ID

New Required Provider Information Fields

- **Authorizing Provider:** The physician/provider ordering the test and acting on the test result.
- **Connect Care Provider ID:** Unique ID assigned to the provider. This ID does not change when providers practice at more than one location.
- **Connect Care Submitter ID:** Unique ID for the location/clinic and is used to route reports.

NOTE: Both Provider ID and a separate Submitter ID are required to correctly route your reports.

New Patient Information Fields

- **PHN Expiry Date:** Required for patients with out-of-province healthcare insurance (if applicable)
- **Alternate Identifier:** Unique ID (ULI, MRN, Government issued ID etc)
- **Preferred Name:** Use if the preferred name differs from legal name.
- **Gender X Non-binary/Prefer not to disclose:** Added to provide choice of response other than "male" or "female"

Legacy Provider ID:
- Millennium – numeric
- Sunquest – alpha/numeric

Note: adding the legacy ID assists non Connect Care sites with accurate provider selection for report delivery.

Alberta Precision Laboratories requisitions can be found at the following link: https://www.albertaprecisionlabs.ca/Page13716.aspx. APL offers a Requisition Generator (https://www.albertaprecisionlabs.ca/hp/Page13849.aspx) that allows providers to pre-populate and save/print key requisitions with their provider name, contact information, Connect Care IDs and Legacy IDs (used by other lab information systems in area not yet on Connect Care).

AHS Diagnostic Imaging Requisition Example

Alberta Health Services

Computed Tomography (CT) Request

- Complete all fields for your request to be processed
- Fax to Diagnostic Imaging; fax numbers listed at *http://www.albertahealthservices.ca/diagnosticimaging*
- Urgent/Emergent requests must be discussed by direct consultation with a radiologist

<u>Important</u> - Data for the *bold* and *italicized* fields on this form **must be reconciled**. These are <u>critical data elements</u> for reconciliation.

Last Name *(Legal)*		First Name *(Legal)*	
Preferred Name ☐ Last ☐ First		DOB *(dd-Mon-yyyy)*	
PHN	ULI ☐ Same as PHN	MRN	
Administrative Gender ☐ Male ☐ Female ☐ Non-binary/Prefer not to disclose (X) ☐ Unknown			

Patient Phone Number		
Preferred Facility	Inpatient Location	WCB Claim Number
Ordering Provider Name *(last,first and middle)*	Provider Phone	
Provider Fax	Contact Number for Critical Test Results	Provider ID	Department ID
Provider Address/Location	City	Postal Code

AHS diagnostic imaging requisitions can be found at the following link: https://www.albertahealthservices.ca/info/page9911.aspx.

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