The information on this form is collected under the authority of the Alberta *Health Information Act* and will be used only for the purpose of responding to your request.

**Submit completed form by one of the following methods:**

* Email to [APLCIT@albertaprecisionlabs.ca](mailto:APLCIT@albertaprecisionlabs.ca)
* Mail to Alberta Precision Laboratories, Attn: Client Interface Team, #517, 12445 Lake Fraser Dr. SE, Calgary, AB, T2J 7A4
* Fax to 403-770-3701

**Fees:**

* Attach the initial fee of **$25** payable to *Alberta Precision Laboratories*.
* Online credit card payment option is available. Alberta Precision Laboratories Client Interface Team will contact you with an invoice number to make the payment online.
* Alberta Precision Laboratories may charge additional fees for processing this request. If this is the case, you will be provided with a fee estimate before records are reproduced.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Patient**  **Information** | Mr.  Mrs.  Dr.  Ms.  Miss | Last name | | | First name | |
|  | Date of birth | Telephone | | Personal Health Number | | |
| **Requestor Information** | Last name  Same as above | | | First name  Same as above | | |
| Mailing address | | | | | |
| City or town | | | Province | | Postal code |
| Phone  Same as above | | | Email address | | |
| Relationship to the patient:  Self  Other:  **Parent requestor:** initial here \_\_\_\_\_\_\_ to confirm there are no custody issues or court guardianship orders for the child. | | | | | |
| **Information Requested**  Give as much detail as possible. If you need more space, attach a separate page. | Test(s) | |  | | | |
| Date of sample collection | |  | | | |
| Collection Location | |  | | | |
| Other information | |  | | | |
| **Delivery** | Reports are routinely delivered by Canada Post.  I require an alternate delivery method | | | | | |
| **Patient Signature** | Signature (Required) Date | | | | | |

***For authorized office use only:***

|  |  |  |
| --- | --- | --- |
| *Date received* | *ID confirmed:  Yes  N/A* | *Request number* |
| *Date released* | *Signature of recipient* | *Records released by* |