



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
- 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	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last name		First name	
	Date of birth	Telephone	Personal Health Number		
Requestor Information	Last name <input type="checkbox"/> Same as above		First name <input type="checkbox"/> Same as above		
	Mailing address				
	City or town		Province	Postal code	
	Phone <input type="checkbox"/> Same as above		Email address		
	Relationship to the patient: <input type="checkbox"/> Self <input type="checkbox"/> 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. <input type="checkbox"/> I require an alternate delivery method				
Patient Signature	Signature (Required)			Date	

For authorized office use only:

Date received	ID confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Request number
Date released	Signature of recipient	Records released by