



APPLICABILITY

This document is applicable to APL staff at the following Edmonton Zone site: **UAH**.

Fax completed form to (780) 407-6267.

Referring Location:		Expected Arrival	
		Date:	Time:
Courier information (if applicable):		Tracking/Waybill number (if applicable):	
Referral Site Contact Information			
Name:		Phone:	
Please check applicable priority:			
<input type="checkbox"/> STAT <input type="checkbox"/> Time Sensitive <input type="checkbox"/> Priority <input type="checkbox"/> Frozen <input type="checkbox"/> Next day			
Please check one:			
<input type="checkbox"/> Individual patient (provide patient's information for tracking purposes) <input type="checkbox"/> Batch shipment (provide <u>one</u> patient's information for tracking purposes)			
Patient information (complete all boxes):			
Patient name:		Collection	
ULI/PHN:		Date:	Time:
DOB:			
Tests ordered:			

UAH Use Only

Follow up by referred mail staff is required if the package is not received within 2 hours of the expected arrival.

Client Response request received by:	Referred Mail package received by:	
	Package Received	
	Date:	Time:

Attach waybill to this form if applicable.

Delivery Problem/Issue Documentation
