

**Date:** June 30, 2011  
**To:** South Zone East - All Physicians  
**From:** Alberta Health Services - Lab Information System  
**Re:** E Delivery of Blood Bank and Pathology Results

---

**PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE**

---

## **Key Messages:**

Surgical pathology and cytology reports from Medicine Hat Regional Hospital, and blood bank reports from Medicine Hat Regional Hospital and Brooks Health Centre will be available for electronic delivery to the vendors listed below effective July 5, 2011.

- Jonoke
- Med Access
- Practice Solutions
- Wolf Medical

## **Action Required:**

Please validate the electronic data against the paper reports for a minimum of 30 days. Following the validation period, you may request the paper reports be discontinued by completing the attached form.

## **Inquiries and feedback may be directed to:**

Sheila Kajewski by phone at (403) 502-8648 ext 1207 or email at [sheila.kajewski@albertahealthservices.ca](mailto:sheila.kajewski@albertahealthservices.ca)

This bulletin has been reviewed and approved by  
Dr. Michael O'Connor, Zone Clinical Dept. Head (Co-Lead) Laboratory South Zone  
Clinical Department Facility Chief – Medicine Hat Regional Hospital

## **REQUEST TO DISCONTINUE OR REINSTATE PAPER REPORTS**

### **LABORATORY ELECTRONIC RESULTS**

Prior to discontinuation of paper reports AHS South Zone East Laboratory Services recommends that Clinics validate the electronic delivery of Laboratory results for a **minimum of 30 days**, prior to submitting this form. Completion of this form requesting discontinuation of paper reports implies **completion and acceptance of the clinic validation**.

Physicians are required to provide 10 business days notice to AHS South Zone East prior to changing practice to an alternate clinic, to ensure uninterrupted Laboratory result delivery.

AHS South Zone East currently provides Laboratory reports to physicians via paper hard copy and HL7 electronic. This form applies to clinics utilizing a Physician Office System (POS) receiving Laboratory reports in both formats.

This form formalizes the Clinic's request to discontinue or reinstate receipt of hard copy paper reports for the modules listed below:

<b>Module</b>	<b>Module Description</b>
LAB	General Chemistry and Hematology
MIC	Microbiology
PTH	Pathology
BBK	Blood Bank

### **FAX OR EMAIL COMPLETED FORM (PAGE 2) TO:**

**Sheila Kajewski (MLT)**

Alberta Health Services  
Laboratory Information Systems  
Medicine Hat Regional Hospital Laboratory

**Fax:** 403-529-8023

**Email:** [sheila.kajewski@albertahealthservices.ca](mailto:sheila.kajewski@albertahealthservices.ca)

# **REQUEST TO DISCONTINUE OR REINSTATE PAPER REPORTS**

## **LABORATORY ELECTRONIC RESULTS**

**1. CHECK ONE:** Discontinue ☐ Reinststate ☐

### **2. PROVIDE CLINIC INFORMATION**

<b>Clinic Name</b>	Legal Name		
<b>Clinic Address</b>	Street		
	City	Province	Postal Code
<b>Main Contact</b>	Last Name	First	Title
	Phone	Fax	Email
<b>POS Vendor Name</b>	Legal Name		

### **3. CLINIC PHYSICIAN(S)**

Last Name	First	Middle
Last Name	First	Middle
Last Name	First	Middle
Last Name	First	Middle
Last Name	First	Middle
Last Name	First	Middle
Last Name	First	Middle
Last Name	First	Middle
Last Name	First	Middle

*Use a second form if additional space is required.*

### **4. CLINIC AUTHORIZATION**

Date	Clinic Representative – <u>Printed Name</u>	Clinic Representative – <u>Signature</u>
	Last Name First	