



eDelivery Paper Suppression

This form is designed to work with Adobe Reader. For accurate results SAVE it on a computer and then open the form.

Once completed, this form can be submitted electronically using the Submit button (*below*) or scanned and emailed to servicedesk.emrbis@ahs.ca

By completing and signing this form you have verified and agreed to the following:

- All providers working at this clinic will have paper suppressed.
- You have confirmed that all results set up for eDelivery are successfully being received in your EMR.
- Not all paper/fax can be suppressed such as copy-to and letters.
- Only results set up for eDelivery will have paper/fax delivery suppressed.

Requestor/Contact <i>(must be provider/prescriber or office manager)</i>		
Name <i>(Print Last, First name)</i>	Phone Number	Email
Clinic/Location/Client/Office		
Submitter ID (location where lab tests are ordered from)		
Clinic/Location/Client/Office Name		
Room/Suite/Unit	Street Address	
City	Province	Postal Code
Clinic Phone Number	Clinic Secure Fax Number	
Clinic Email		