

*Applies to former Saskatoon Health Region area*

## Care Provider Request for Laboratory Report Distribution

### Saskatoon Area Laboratory Policy:

- The Saskatoon Area Laboratory supports ONE mailing address per care provider, to which all laboratory reports will be delivered
- Care Providers may elect for delivery of Saskatoon Area Lab reports by **one\*** of the following mechanisms:
  1. **Paper:** printed and delivered to the afore-mentioned mailing address by either courier or mail
  2. **Paper:** directly delivered to a printer located on the SHA network
  3. **Fax:** directly delivered to a secure fax at your location
  4. **Electronic:** transmission via HL7 message; facilitated by eHealth Saskatchewan; delivered to an Office Management System/EMR
    - **NOTE:** eHealth Saskatchewan can accommodate electronic report distribution to multiple Office Management systems/EMRs; however they are unable to discreetly separate and deliver reports at the clinic level (all results go to all systems)

\*The Laboratory Information System can accommodate one of the “paper print” (options 1,2 or 3) *plus* electronic transmission of results (option 4) at the same time, however all results from all locations at which the care provider practices will be delivered by both mechanisms.

### Care Provider Responsibility:

- To review the available report distribution options and communicate his/her choice to Saskatoon Area Laboratory
- To direct clinic staff (at all locations/offices where he/she practices) on how to confidentially handle/redirect any reports received for patients seen at a different location
- To accept the limitations when choosing to receive reports electronically to EMRs at multiple clinics

**Organizational Authorization:** The undersigned agrees to the conditions as outlined above

|                  |  |
|------------------|--|
| Name             |  |
| Title / Position |  |
| Date             |  |
| Signature        |  |

**Please complete page 2 of this form, and return both pages**

eMail to: [LIS.Doctors@saskatoonhealthregion.ca](mailto:LIS.Doctors@saskatoonhealthregion.ca)

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**Contact Information:**

(Person we can contact to verify that the care provider's report distribution setup has been successfully completed)

|          |  |                |  |
|----------|--|----------------|--|
| Name:    |  |                |  |
| Title:   |  |                |  |
| Phone #: |  | Email address: |  |

**Physician/Care provider information:**

|   |  |                   |           |
|---|--|-------------------|-----------|
| Name of Physician* / Care provider:<br>(*as listed with the College of Physicians and Surgeons) |  |                   |           |
| Service Specialty (if any)  |  |                   |           |
| <b>Preferred Mailing Address</b>  |  | Street            |           |
|   |  | City              |           |
|   |  | Province          |           |
|   |  | Postal Code       |           |
|   |  | Main phone number | Extension |
| <b>Phone number for communication of critical lab results (24x7)<br/>(required)</b>             |  |                   | Extension |
|   |  | Fax number        |           |
|   |  | Effective date:   |           |
| Does this care provider work at more than 1 clinic?    NO        YES                            |  |                   |           |
| If yes, provide name/address of 2 <sup>nd</sup> clinic:   |  |                   |           |

**Paper report delivery mechanism requested (check ONE):**

|  |   |
|--|---|
| <input type="checkbox"/>   | <b>paper printed and delivered by courier or mail to the preferred mailing address listed above</b>   |
| <input type="checkbox"/>   | <b>paper printed to a printer located on the SHA Saskatoon area network.</b><br>Please list the SHA Saskatoon Area Printer code(s) _____<br><i>(the SHA Saskatoon Area printer code appears on a sticker located on the front of the printer e.g. rudmz1. If unknown, please contact eHealth Saskatoon Area IT services at 306-655-8200)</i>  |
| <input type="checkbox"/>   | <b>Fax delivered directly to a secure fax machine located in your office</b><br>If selecting this option, the requestor agrees that the following requirements are met:<br><ol style="list-style-type: none"> <li>1. The fax machine(s) indicated above are in a secure location.</li> <li>2. Only authorized staff will have access to the fax machine(s).</li> <li>3. The fax machine(s) will be available (i.e., turned on, loaded with paper and toner, etc.) 24 hours/day, on a best efforts basis. If the fax machine is not available, or if the anticipated reports have not been received for more than 4 hours, we will notify the Saskatoon Area Laboratory by email at <a href="mailto:lissupport@saskatoonhealthregion.ca">lissupport@saskatoonhealthregion.ca</a>. If the second fax number is available, we will be prepared to authorize its use.</li> <li>4. Good quality paper reports will be maintained for long-term report storage (e.g. Thermal faxes will be photocopied.)</li> <li>5. Saskatoon Area Laboratory will be notified of changes to, or discontinuation of, fax number(s).</li> </ol> |
| <b>To request electronic transmission of reports to your Office Management System, you must contact eHealth Saskatchewan at 1-888-316-7446</b> |   |