



Request for Electronic Data Transfer (EDT) of Laboratory Results

Alpha Laboratories Inc. is pleased to offer electronic data transfer of patient test results to the ordering physician. To facilitate this process, please complete the following and fax the Request Form to **E-Labs Coordinator (Fax: 416.449.2543)**. Please allow 10 business days to process the request.

Physician Name

OHIP Practitioner Number

Physician contact information:

Address: _____
_____ Postal Code: _____

Telephone Number: _____ Backline: _____ Fax: _____

Clinic contact: _____ Extension: _____

Email contact: _____

Clinical Management System (CMS) in use: _____

Software Version in use: _____

CMS Vendor Contact – Name: _____

Telephone: _____ Email: _____

Go-live date (if applicable): _____ (Mmm.dd, yyyy)

Public IP Address of Client: _____

Note: Paper reports are generally sent in tandem with the EDT for **30 days** after the interface goes live and then discontinued except on request.

Physician/Clinic Manager Signature: _____ Date: _____
(Mmm.dd, yyyy)

Alpha Laboratories: Office use only

E-Labs Coordinator Name: _____

Comments: _____

Date Electronic Data Transfer of Lab Results Commenced: _____ (Mmm.dd, yyyy)

Reviewed by Manager of Operations: _____ Date: _____ (Mmm.dd, yyyy)