DIAGNOSTIC SERVICES MANITOBA SERVICES DIAGNOSTIC MANITOBA	*New/Amended Physician Information and Fax Confirmation Sheet*		**Document #** F10-50-26C **Version #** 05
	Approved by: *Dr. A. Kabani*	**Effective Date:** 06-APR-2017	**Source Document:** 10-50-26

FACSIMILE TRANSMITTAL COVER SHEET

If any pages are not received, please call 204-_____ Toll Free Number: 1-800-_____

MEDICAL FACILITY NAME:	
ATTENTION:	
FAX # BEING CALLED:	**# PAGES BEING TRANSMITTED:** **(Including cover sheet)**
SENT BY: **FAX BACK NUMBER:**	**DEPT:** **PHONE NUMBER:**

*****PRINT CLEARLY or include/ attach a copy of letter head or label *****

MESSAGE:

_____ Laboratory has been requested to provide patient reports to this provider or clinic.. Privacy regulations require us to confirm that this is a medical facility with access right to view these results. **Please complete the form below and fax back immediately so specimen processing and reporting can be initiated.**

Update to current Information ☐		**OR**	**New Location Code** ☐	
Location Code or Billing Number			**Suggested Code (maximum 6 characters) OR Billing number if known**	

*Physician/ Provider name: _____ Physician/Provider Health ID (if applicable): _____

Medical Facility Name: _____ *Address/Location: _____
(Location where clinical results should be sent)

*Telephone Number: _____ Secure Fax Number: _____
(Secure fax numbers require an electronic verification prior to receiving reports)

∞Critical Results 24/7 Contact Telephone number: _____

Is the above Critical Results 24/7 Contact Telephone number a voice mail to the clinic? ☐Yes ☐no

If yes, is the voice mail checked regularly while clinic is closed? ☐Yes ☐no

Is the Critical Results 24/7 Contact Telephone number a call service number? ☐Yes ☐no

If yes, please provide number _____

If we require further clarification, what phone number can we call? _____

Person responsible for patient reports at this facility:

_____ _____ _____
Please print name Signature Date

INTERNAL USE ONLY - Please fax this completed form back to Manitoba eHealth Services Desk (file to fax) at (204) 940-8700 OR email your completed form to a DSM-Provider-Information@dsmanitoba.ca OR call and leave your information on the confidential voicemail at 204-926-1430

CONFIDENTIALITY WARNING

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*Mandatory fields

∞In compliance with MANQAP accreditation standards and CPSM By-law #11. 24/7 contact details must be provided in the event of a critical result.