DEPARTMENT OF PATHOLOGY AND
LABORATORY MEDICINE

LABORATORY PATIENT REPORT AUTO FAXING/PRINTING
CERTIFICATION / VALIDATION LOG

Since mailed Pathology reports will be discontinued September 30, 2023, if you wish to receive Pathology reports on your patients via fax please complete **step 1**.

Automated Faxing/Printing of Laboratory Reports
(Upon completion of testing, reports will auto-fax/print once daily Monday to Friday)

Step 1 – Requestors information (Physician/delegate to fill out information below, sign and date)

Physician(s) (please print)_____

Contact person: _____

Phone # _____ FAX/Printer #_____

I hereby confirm that the information above is correct. To ensure patient confidentiality, I will report any change to the above information immediately to the System Administrator Laboratory Information System (LIS) or delegate.

I acknowledge that this is my ethical and legal responsibility under the *Personal Health Information Protection Act, 2004* to protect the privacy, confidentiality and security of patient information from unauthorized collection, use and disclosure.

Physician/delegate signature: _____ Date:_____

Once the completed form has been received, an automated "test report" will be sent to the fax number listed on the form to verify that the fax machine is compatible with the Laboratory Information System.

Step 2 – Test Documentation auto-faxed/printed to the physician's office.

Test Document will be auto-faxed/printed to physician/delegate. Upon receipt, fax **all material received** back to **613-737-8853** (include this validation form with the sections below completed)

Fax/print transmittal test date: _____

Fax/print transmittal confirmation received date:_____

Fax/print confirmation returned to System Administrator LIS date: _____

FOR LABORATORY USE ONLY
Step 3 – Setting up auto-faxing/printing in production

Production start date: _____

TOH testing performed by: _____ **Date:**_____
(For any questions or concerns, contact 613-737-8292, #2)