For PDF Fillable Requisitions, the following applies:

- 1. The form shall be completed using a Digital Health assigned computer.
- 2. Absolutely no personal health information shall be electronically saved on a computer.
- 3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
- 4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
- 5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
- 6. Do not print unnecessary duplicate copies of the form.
- 7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

Shared health Soins communs Manitoba	СМ077 Fa	CM077 Fax Notification		F160-INV-32 03	
	Approved By: Darcy Heron	Effective Date	Version #	Source Document:	
	(approval on file)	23-MAR-2023			
CM077 FAX NOTIFICATION Select site (see back for site order details): WRHA eTraceLine Rural eTraceLine Rural non-eTraceLine Facility will triage and forward request to CBS for processing where applicable.		PLEASE USE NAME PLATE OR PRINT PHIN Last Name First Name DOB YYYY – MM – DD			
Fax to: at:		Hospital:			
Contact Name:		Ward:			
Phone Number:		Physician: (Last name, First name or Authorized Health Care Provider and Designation)			
Date/time faxed to BB:		Diagnosis:	ealth Gale Flowlder and Des	ignation	
For Blood Bank use Date/time faxed to CBS:		Request Number:			
CROSSMATCHED RED CELLS URGENCY		 COPY OF BLOOD GROUP REPORT REQUIRED Fax to Ward: at: at:			
SPECIAL HANDLING Irradia Other: Adults: Number of doses required: Pediatrics: Number of mLs required Date/Time required: Latest platelet count:		For CBS/BB/TX Use Or Transport Notified: Time Needed by Trans	Person / Time / Ini	tials	
TRANSPORTATION DETAILS Sample Arrival (into Winnipeg) Carrier: Date/Time: Product Delivery (from Winnipeg, Carrier:	- RURAL SITES				
Date/Time leaving Winnipeg:		Received by:			



Version # 03

Site Order Details

	SITE			*eTraceLine
ORDER DETAILS	WRHA eTL*	Rural eTL	Rural non-eTL	
Ordering platelets	V	V	V	
Notification of incoming sample			V	
Ordering red cell components for patients with antibodies	v	v		
Ordering crossmatched red cells			V	
Requesting a Result Report	V	v	V	