

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.



Hôpital St-Boniface General
général Hospital

BIOCHEMISTRY LAB
**TIMED COLLECTIONS BOOKING
FAX FORM**
Fax to: 231-2245

☐ New Booking

☐ Change to a Previous Booking

Previously booked for Date: ____/____/____ Time: ____
D M Y

*** MINIMUM OF 2 HRS NOTICE REQUIRED**

TEST(S): _____

COLLECTION DATE: ____/____/____ COLLECTION TIME: ____
Day Month Year

If drug level required, please check appropriate boxes and fill in the following:

☐ PRE DOSE BOOKING ☐ POST DOSE BOOKING**

TIME DOSE IS TO BE GIVEN: _____

**** Phone the time dose finished infusing to Biochemistry at 2476**

PERSON REQUESTING THE BOOKING

Name: _____

Phone Number: _____

Notes: _____

Received & Booked in Lab

By: _____

Date and Time: _____

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