



MEDICAL LABORATORIES OF WINDSOR

1428 Ouellette Ave, Suite 310 Windsor, Ontario N8X 1K4 Phone: 519-258-1991 Fax: 519-258-9505

EMR Request

Thank you for your interest in receiving electronic laboratory results from Medical Laboratories of Windsor. To assist with implementation please provide us with the information requested below and submit one form per ordering practitioner.

Acceptance and Agreement applies to (please check):

Clinical Lab Reports
(TD Synergy)

Pathology Reports
(Histology & Cytology APE)

Ordering Practitioner:

Practitioner Name: _____

CPSO/Registration Number: _____

Clinician/Practitioner Number: _____

This is a Locum: Yes, Completion Date: _____

Name of FHO/Clinic/Org: _____

Ordering Address: _____

Note: If you order from multiple locations indicate only those which you wish to receive EMR lab reports for. If you order from multiple locations you should also consult your EMR vendor to understand if results will be shared between locations.

EMR product: _____

EMR vendor: _____

EMR version: _____

Requested Start Date: ASAP Other: _____
(to start receiving electronic labs)

Who is a contact within your medical office for your EMR system?

Name: _____

Phone Number: _____

Email Address: _____

Send or Fax Completed Form To:

Medical Laboratories of Windsor
Attn: Information Systems Manager
1428 Ouellette Ave, Windsor, ON N8X 1K4
Fax (519) 258-9505

2017-01-19



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Who is your EMR vendor contact person?

Name: _____

Phone Number: _____

Email Address: _____

Quality is a driving force in all the work that we perform. As such we request your assistance in maintaining our high level of quality with the reporting of laboratory results. Prior to the release of all electronic lab results to your office, MLW must test and verify that all laboratory test results are consistent with results that are generated from our testing equipment. We do this by requesting that your office assist with the EMR validation process. Until validation is complete we will continue to send all lab reports by fax or hard copy.

In the interim

- 1) Compare the EMR and MLW reports. Make notes on the reports if there are any discrepancies or missing information. Contact MLW with any discrepancies or missing information.
- 2) A representative from Medical Laboratories of Windsor will be assigned to work with you on any discrepancies or missing information.

Upon completion of your review and comparison of the faxed (Paper) reports with your EMR, MLW will require official signoff verifying completion of the above in order to comply with laboratory accreditation requirements. Time for completion of validation depends on whether the EMR has been set up and validated for other physicians or if this is a new PILOT EMR.

Should you have any questions regarding this process, please do not hesitate to contact our Director of Laboratory Operations: 519-258-1991 ext. 296

Physician name (Print): _____

Physician Signature: _____

Date: _____

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