

REQUEST FOR ELECTRONIC TRANSMISSION OF LABORATORY RESULTS



This form must be completed in its entirety when requesting the activation of an EMR interface for the electronic transmission of laboratory results from Bio-Test Laboratory. Please complete one form per physician.

DATE OF REQUEST: _____

PHYSICIAN NAME & ADDRESS: _____

TELEPHONE NO. _____

FAX NO. _____

SIX (6) DIGIT BILLING NO. _____

CURRENT EMR PROVIDER: _____

SIGNATURE OF PHYSICIAN AUTHORIZING EMR/LAB RESULTS INTERFACE:

*The activation of an EMR interface between your practice and Bio-Test Laboratory does not stop the issuance of hard copy reports. In order to stop the delivery of hard copy results, please complete and return the appropriate form. You may request a **No Hard Copy Reports Form** from our Client Services department at 613-789-4242.*