



Delivery of Reports During a Healthcare Provider's Absence

Form to be completed and signed by the healthcare provider in the event of an extended absence from their practice.

Dr. _____, will be away from the office
Please use stamp or PRINT First & Last Name

Office Address

from / / until / / inclusive.
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While I am temporarily out of the office, all Calgary Laboratory Services reports should be handled as follows:

Deliver reports to the covering healthcare provider,

Dr. _____
Please use stamp or PRINT First & Last Name

at _____
Office Address

Communicate STAT and Critical results to the covering physician

Dr. _____
Please use stamp or PRINT First & Last Name

at _____
Office Address, Phone and Fax

NOTE: Reports will only be delivered to licensed health service providers.

REPORTS WILL NOT BE HELD AT Calgary Laboratory Services.

Physician Signature _____ Date _____

Please fax completed forms to CLS Data Integrity (403)770-3235
If you require further assistance please contact CLS Data Integrity (403)770-3404