



Request to Access COVID-19 Result for International Travel

The information on this form is collected under the authority of the Alberta *Health Information Act* and will be used only for the purpose of responding to your request for a COVID-19 result which is required for international travel.

Submit completed form by:

- Email to APLCIT@albertaprecisionlabs.ca
- Fax to 403-770-3701

Fee:

- **\$25** online payment required
- Go to **AHS website > Information for > Patients & Families > Quick Reference > Make a Payment** or <https://www.albertahealthservices.ca/pay/Page11918.aspx>
- Routing number: **3003**
- Invoice number: **2020-001**

Requestor Information	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.		Last name		First name	
	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss					
	Mailing address					
	City or town			Province	Postal code	
	Telephone (business)		Telephone (home)		Email address	
Relationship to the patient/traveler: <input type="checkbox"/> Self <input type="checkbox"/> Other: Parent requestor: initial here _____ to confirm there are no custody issues or court guardianship orders for the child.						
Patient/Traveler Information	Last name		<input type="checkbox"/> Same as above		First name <input type="checkbox"/> Same as above	
	Date of birth			Personal Health Number		
Request for COVID-19 result for international travel	Date of collection					
	Date of travel					
	Destination		<input type="checkbox"/> International <input type="checkbox"/> Domestic			
Delivery	Results are routinely provided by email. <input type="checkbox"/> I require an alternate delivery method By signing below the patient agrees to have their COVID-19 result emailed to the address indicated above.					
Patient Signature (Required)	Signature				Date	

For authorized office use only:

Date received	ID confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Request number
Date released	Signature of recipient	Records released by