



Patient Sample Information Waiver FAX Form

As defined by Saskatchewan Disease Control Laboratory (SDCL) *Test Request and Laboratory Sample Acceptance Criteria*, **this sample will NOT be processed unless this waiver is returned. Provide the information required below and sign the completed form. Attach a cover sheet and return to SDCL by FAX: (306)787-7252 as soon as possible (samples held for 7 days).**

Waiver sent by _____.

To: Health Care Provider at FAX Number: _____ Date: _____

Patient Name: _____

HSN: _____

Samples submitted for Zika Virus testing must meet certain criteria set by the reference laboratories performing the testing. Samples that do not have all of the required information will be rejected. Please provide the following missing information:

TRAVEL LOCATION _____

TRAVEL DATES _____

SYMPTOMS _____

ONSET DATE _____

COLLECTION DATE _____

On behalf of the Patient's Health Care Provider, I verify that I have corrected &/or added the information as requested above:

NAME (Please print): _____

SIGNATURE: _____ Date: _____

Note: Attach a cover page to this waiver and fax to SDCL at FAX (306)787-7252.

CONFIDENTIALITY NOTICE: This FAX was intended for a specific recipient. It may contain information that is privileged, confidential or exempt from disclosure. Any privilege that exists is not waived. If you are not the intended recipient: do not copy it, distribute it to another person or use it for any other purpose; shred it and advise sender by return fax or telephone.