

Registering for Result Downloads

End User Prep - Documentation

- ALL Provider's names and MSP numbers
- Location of clinic
- Start Date
- Contact information including: Name of 1 contact person, phone number, fax number and email address.

Northern Health- CIX

Downloading of Lab & Radiology Results (once signed up with CIX you receive all they are distributing can't pick and choose)

- Call Northern Health Service Desk: 1-866-649-7170
 - o log a Ticket asking to be registered with CIX
 - o Or sign up online at www.northernhealth.ca/CIX
- Provide Northern Health with clinic name and all billing numbers (if asked)
- You will be contacted by a Northern Health representative for more information
- Once you receive an email with your username and password, call AIHS: 250-564-2644
- AIHS will then enter the information under Data Exchange -> Electronic Interfaces -> Setup/Registration. A default inbox will have to also be selected in MOIS. This inbox will be a provider who the site identifies to receive labs that are not automatically mapped to go to a specific physician.
- AIHS will also set up each specific physician to receive the lab in their inbox in MOIS, by adding an alias to their user account. This will be their MSP number with leading zeroes removed (for CIX).
- Once the user is comfortable with the download process, they can contact the Helpdesk and request to "turn off all paper distributions" to avoid duplicating work.

Interior Health - CIX

Downloading of Lab and Diagnostic Imaging

- Go to <http://www.interiorhealth.ca/AboutUs/Physicians/Pages/POI.aspx>
- Click POI Activation Form (near the middle of the page)
- Check off 'LAB' and 'RAD'
- Fill out the form (using support@aihs.ca as the vendor email)
- Once the form is complete, IH sends AIHS an email letting us know that you've registered. We'll then contact the office to do the set up on the MOIS side.

Excelleris

Downloading of Lab and Diagnostic Imaging

- Fill out the two forms provided to you by Excelleris or AIHS (See attached forms)
- Fax the forms to Excelleris: 1-604-291-6837
 - Or Email support@excelleris.com
- Excelleris will confirm the document has been received and send a username and password. AIHS will be copied on the email to the end user.
- A certificate will be sent and AIHS needs to register the certificate on the end users workstation.
- AIHS can help set up the provider's alias with the username and password Excelleris provided.
- End user will be asked to conduct a download with AIHS on Teamviewer for assistance.
- Once the user is confident in the download process, they can request to "turn off the paper distribution"



Excelleris Launchpad Application Physician & Health Care Provider Acceptable Use Acknowledgement

Excelleris provides a communications infrastructure allowing authorized physicians and health care providers to access personal health information that is stored and exchanged through the Excelleris system.

By signing below, the physician and health care provider agrees to abide by the following standards of acceptable use:

1. I agree to take full responsibility for the actions of my staff that I authorize to be provided access to the Excelleris Launchpad application. Further, I will inform Excelleris of all staff changes that require adjustments to Excelleris Launchpad accounts.
2. I hereby agree that the personal health information I access, or that I authorize my staff to access, through the Excelleris Launchpad application will be held in the strictest of confidence and in accordance with applicable privacy legislation.
3. I hereby agree that all personal health information that is accessed through Excelleris Launchpad, whether by me or by my staff, will be used for the sole purpose of providing patient care.

HEALTH CARE PROVIDER INFORMATION		
FIRST & LAST NAME	SIGNATURE	MSP#
ADDRESS OF PRACTICE	DATE (YYYY/MM/DD)	

AUTHORIZED USER		
<i>(ONLY applicable for non EMR users)</i> - Authorized staff to be provisioned with Excelleris Launchpad account for the above location		
FIRST & LAST NAME	FIRST & LAST NAME	FIRST & LAST NAME

OFFICE USE ONLY	
IMP DATE (YYYY/MM/DD)	CSA

Once complete, please scan and email to: clientservices@excelleris.com

HL7 Physician Setup

CLINIC INFORMATION

Clinic Name:	
Address:	
Telephone number:	
E-mail:	
Physician Name(s) & MSP(s)	

EMR VENDOR INFORMATION

EMR Name:	
EMR Version:	
EMR Contact:	
Phone No. / E-mail:	
Implementation date:	<i>(2 weeks' notice required)</i>
Additional supported content type:	<p>Please check off additional content to be included</p> <p><input type="checkbox"/> Transcriptions</p> <p><input type="checkbox"/> Notifications</p> <p><input type="checkbox"/> PDF format reports (BCCA cytology and gynecology)</p> <p><input type="checkbox"/> RTF format reports (VIHA pathology)</p> <p><input type="checkbox"/> VIHA Diagnostic Imaging</p>
<p>Please note: if the office has a clinic code, those codes will be added to the download unless otherwise specified</p>	

Please submit form via email: clientservices@excelleris.com

NOTE: EMR Vendor must contact Excelleris on the day of implementation to unlock the user ID.