

ITRANS Clinical Document Service ON,NB,NF For Laboratories

**PLEASE FILL OUT AND
FAX TO: 613-736-8030****LABORATORY INFORMATION**

Company Name: _____

Address: _____
STREET CITY PROVINCE POSTAL CODE

Telephone: _____ Fax : _____

Company Web Site: _____

Authorized contact(s) who can obtain password information: _____

Send ITRANS Digital Certificate Issuance and Expiry notices to the following email:

Send important ITRANS administrative notices to the following email: _____

FAX DELIVERY CONSENT

Authorizing fax delivery releases Continovation Services Inc. of any security liability. The named signing officer acknowledges that this method of transport may not be secure and the private information contained in this communication may ultimately be viewed by a third party or lost in transport. This authorizes Continovation Services Inc. to send password information via fax upon request from an authorized contact from this day forward.

Signed By: _____ (Authorized signing officer - Please print name)

Signature: _____ Date: _____

Please Note: Should the fax method of delivery not be authorized Continovation Services Inc. will mail the password information.

PAYMENT OF FEES:

ITRANS Claim Service annual access fee: ■ \$200 + \$26 HST = \$226

Option A: VISA MasterCard Name on card: _____

Account Number: _____

Expiry Date ____ / ____

Cardholder Signature: _____

Option B: Payment by cheque made out to "Continovation Services Inc."
and mailed to the following address: 800 Industrial Ave., Unit 11, Ottawa, ON K1G 4B8**PRIVATE INFORMATION CONSENT**

In order to provide you with ITRANS™ transaction and messaging services and the issuance of an ITRANS digital trust certificate, it is necessary for Continovation Services Inc. (CSI) to collect, retain, use, disclose and share your information with the following parties: Health Care Service Providers. I authorize CSI to collect, retain, use, disclose and share my information, and any other information necessary to provide the services hereunder to you. CSI's privacy statement is available at www.continovation.com.

Signed By: _____ (Authorized signing officer - Please print name)

Signature: _____ Date: _____

Questions? Call the ITRANS Help Desk at 1 866 788 1212