

Government of Newfoundland and Labrador  
Department of Health and Community Services  
Legislative and Regulatory Affairs

June 12, 2007

Mr. Rob Antle  
The Telegram  
1 Columbus Drive  
P. O. Box 5970  
St. John's, NL  
A1E 1N9

Dear Mr. Antle:

**Re: Your request for access to information under Part II of the *Access to Information and Protection of Privacy Act* [Our File #: HCS ATI 07012]**

This is to confirm that, on June 12, 2007, the Department of Health and Community Services received your request for access to the following records/information:

Briefing notes - in any and all formats, including paper & electronic - prepared for the Minister on the ER/PR cancer testing issue at Eastern Health. Time frame of request is Jan. 1, 2005, to March 14, 2006, inclusive.

The *Access to Information and Protection of Privacy Act* (the *Act*) requires that we make every reasonable effort to respond to your request in writing within 30 days after receiving it, unless:

- we extend the 30 day time period under section 16 of the *Act*; or
- the time for responding is suspended under subsection 68(4) of the *Act*, pending your response to a fee estimate; or
- notice is given to an affected third party under section 28 of the *Act*.

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Mr. Rob Antle  
June 12, 2007  
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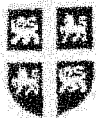
If you have any further questions, please feel free to contact the undersigned by telephone at 709-729-3421 or by e-mail at [rcoates@gov.nl.ca](mailto:rcoates@gov.nl.ca).

Sincerely,

A handwritten signature in black ink, appearing to read 'Reg Coates', written over a horizontal line.

REG COATES  
Access and Privacy Coordinator

HCS/ 012/ 2007



GOVERNMENT OF  
NEWFOUNDLAND  
AND LABRADOR

Department of Justice

ACCESS TO INFORMATION AND PROTECTION OF PRIVACY  
Coordinating Office

Application for Access

Form 1

Personal information on this form is collected under Newfoundland and Labrador's Access to Information and Protection of Privacy Act and will be used to respond to your request. See reverse for instructions.

1. To Which Public Body Are You Making Your Request? HEALTH + COMMUNITY SERVICES	
2. Applicant (please print)	
Surname: ANTLE	First Name: ROB
Organization (where applicable): THE TELEGRAM	
Address: 1 COLUMBUS DRIVE P O Box 5970 ST. JOHN'S, NL	
Postal Code: A1E 1N9	
Daytime Telephone #: 709-364-2323	Facsimile #: 709-364-3939
E-Mail: RAntle@thetelegram.com	
3. What Information Are You Requesting? (Please check one)	

My own personal information ☐ (For another person's personal information, attach proof of authority)

General information ☒

I wish to obtain access to the following information/records (please be specific):

BRIEFING NOTES - IN ANY AND ALL FORMATS, INCLUDING  
PAPER + ELECTRONIC - PREPARED FOR THE MINISTER ON  
THE ER/PA CANCER TESTING ISSUE AT EASTERN HEALTH  
TIME FRAME OF REQUEST - IS JAN. 1, 2005, TO  
MARCH 14, 2006, INCLUSIVE.

If you need more space, attach a separate piece of paper.

Applicant's Signature:

*[Signature]*

Date:

2007-06-11

YYYY-MM-DD

For Public Body Use Only

Date Received:

File #:

RECEIVED

JUN 13 2007

Legislative & Regulatory Affairs



TRANSCONTINENTAL NOVA SCOTIA MEDIA GROUP INC.  
1100 RENE LEVESQUE WEST BLVD  
24 TH FLOOR  
MONTREAL QC  
H3B 4X9

THE ROYAL BANK OF CANADA  
MAIN BRANCH  
1 PLAZA VILLE MARIE  
MONTREAL (QUEBEC) CANADA  
H3C 3M5

NO CHECK NO  
[REDACTED]

DATE  
02 MAY 2007

MONTANT / AMOUNT  
\*\*\*\*\*5.00

PAYEZ  
PAY  
A  
L'ORDRE DE  
TO THE  
ORDER OF: NFLD. EXCHEQUER  
PO BOX 8760  
ST. JOHN'S NL A1B 4J6

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*[Handwritten signature]*  
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[REDACTED]