

Charts for Feb 16/06 Meeting - 5pm
Staff Lounge - 3RD Level Cancer Centre

RS #	Name	MCP Number	NCRTF #	Sp. Date	Spec #	DAKO ER	DAKO PR	MS ER	MS PR
X				13/07/98	98:SU5544	10%	30%	70	15
X				08-03-98	98:SU7822	N	N	70	40
X				15/12/00	00:SU12541	N	N	0	0
X				16/12/02	02:SU16784	N	40%	2	90
X				28/10/02	02:SS7760	10%	70%	100	90
X				08/12/98	98:SU9843	N	45%	80	60
X				26/07/02	02:SU10396	N	N	75	40
X				30/05/03	03:SU8126			10	5
X				20/11/03	03:SU16754	5	5	50	5
X				25/11/02	02:SS8520	N	70-80%	50	60
X				27/04/01	01:SS3179	N	<10%	40	0
X				13/02/01	01:SS1252	WP	75%	70	85
X				15/10/02	02:SS7473	10-20%	5%	90	5
X				26/04/99	99:SS1664	N	50%	60	80
X				28/04/98	98:SU003440	N	30-40%	30	40
X				16/11/04	04:SU15484	10	10	0	0
X				05/01/01	01:SS120	N	N	20	0
X				08/11/00	00:SU10748	N	80%	90	40
X				29/05/01	01:SS4023	N	N	15	40
X				22/09/00	00:SS4547	5%	35%	90	80
X				17/01/01	01:SS469	N	P	90	90
X				26/01/01	01:SS708	N	N	20	5
X				22/06/99	99:SS2627	N	90%	30	60
X				07/05/01	01:SS3401	N	<10%WP	95	0
X				08/07/98	98:SU5410	N	60%	15	20
X				06-05-98	98:SU5931	N	N	60	50
X				22/10/02	02:SS7583	N	70%	70	50
X				16/07/02	02:SS5464	N	20%	40	30
X				25/11/98	98:SU9383	10-15%	SP	80	90
X				03/12/02	02:SS8800	N	15-20%	20	30
X				23/12/98	98:SU10319	1-2%	10-15%	30	5
X				22/09/98	98:SU7425	15-20%	20-25%	50	10
X				23/07/01	01:SS5481	5%	90-95%	90	90
X				18/08/98	98:SU6497	5%	90%	50	90
X				20/12/99	99:SS5303	10%	75-80%	50	80
X				10/11/98	98:SU8852	N	30%	85	70
X				04/07/01	01:SS4979	N	50-75%	30	60
X				02-16-98	98:SU1356	N	10%	0	0

X NO chart -
O In [REDACTED] - can we get for Thursday.

RS #	Name	MCP Number	NCRTF #	Sp. Date	Spec #	DAKO ER	DAKO PR	MS ER	MS PR
				04-17-97	97:SU2858	<5%	N	40	15
				31/10/01	01:SS8059	N	20%	95	40
				20/08/02	02:SS6345	N	N	70	0
				17/04/01	01:SS2839	N	70%	80	80
				02-18-98	98:SU1425	0	<5%	0	0
				01/12/98	98:SU9562	25-30%	50%	0	0
				05/10/01	01:SS7298	N	30%	40	75
				03-19-97	97:SU2130	N	80-90%	90	95
				28/09/98	98:SU7598	N	N	60	0
				17/07/01	01:SS5285	10%	30%	30	50
				09/09/02	02:SS6768	N	50%	90	90
				10/07/01	01:SS5130	N	N	30	15
				25/05/01	01:SS3944	N	75%	30	40
				08/07/02	02:SS5300	N	60%	50	40
				09-15-97	97:SU6894	N	N	60	10
				06/01/99	99:SU87	10%	5-7%	30	2
				27/07/98	98:SU5932	N	80%	40	60

Added by Nancy

[REDACTED]

[REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 03:548126 1Original Report ER/PR: 230 1 240Mount Sinai ER/PR: 10 1 5

Recommendations: _____

Disc treated with tamoxifen
forwards - no change in
treatment

Follow-up Physician: [REDACTED] (letter)Other Physicians: [REDACTED] - CCFamily Doctor: [REDACTED] - CC

[REDACTED]

[REDACTED]

file [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 03:5416754 1 ✓Original Report ER/PR: 5 1 5Mount Sinai ER/PR: 50 1 5

Recommendations: _____

to be offered tamoxifen

in post menopausal

Follow-up Physician: Leah [REDACTED]Other Physicians: cc [REDACTED]Family Doctor: [REDACTED]cc [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 02:SS8520 1Original Report ER/PR: N 1 70-80Mount Sinai ER/PR: 50 1 60

Recommendations: _____

*pre-treated records indicate
pt. ^{currently} ~~pre~~ on tamoxifen no change
in treatment*

Follow-up Physician: [REDACTED]Other Physicians: CC [REDACTED]Family Doctor: Letter [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/00Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 01:SS3179 1Original Report ER/PR: N 1 4/090Mount Sinai ER/PR: 40 1 0Recommendations: to be offered famoxifenFollow-up Physician: Heather - Dr. [REDACTED]Other Physicians: CC [REDACTED]Family Doctor: CC [REDACTED]

Find
contact
number
for
pt.
and get
Dr.

to
call

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 01: S81252 1Original Report ER/PR: ? WP 1 75% 70
*neatly positive*Mount Sinai ER/PR: 70 1 85

Recommendations: _____

_____ *currently on Tamoxifen* _____

Follow-up Physician: Leffler - [REDACTED]Other Physicians: CC [REDACTED]Family Doctor: CC [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 02: SS 74731

Original Report ER/PR: _____

Mount Sinai ER/PR: _____

Recommendations: _____

Currently on Tamoxifen

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

asked Drcc- Look up
current
FP.

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06.

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 99, SS1664 1Original Report ER/PR: N 1 50%Mount Sinai ER/PR: 60 1 80

Recommendations: _____

Prev treated with
famotidine - and currently on
extended famotidine.
no change in

Follow-up Physician: lepp-Other Physicians: CCFamily Doctor: CC

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/00

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 98:SU0034401Original Report ER/PR: N / 30-40Mount Sinai ER/PR: 30 / 40

Recommendations: _____

rev. treated w. H.
tamoxifen

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/08Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 01: 88/20 1Original Report ER/PR: N 1 NMount Sinai ER/PR: 20 1 0 ✓

Recommendations: _____

Shd have a discussion
Re being started on Tamoxifen.
Brought
Shd be seen & assessed for possibility
of starting tamoxifen

Follow-up Physician: Letter- Dr. [REDACTED]Other Physicians: [REDACTED]Family Doctor: [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: DD: 34/07481Original Report ER/PR: N 1 80Mount Sinai ER/PR: 90 1 40

Recommendations: _____

Pres. started with TamoxifenNo change in therapy

Follow-up Physician: _____

See if Pt. is still alive - if DeadNOT PanelledAlive

Other Physicians: _____

Family Doctor: _____

Letter...

Feb 17/06
Collected
confirmed
Pt Deceased
Alv

110
Collected

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06.

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 01: S54023 1

Original Report ER/PR: _____

Mount Sinai ER/PR: _____

Recommendations: _____

Recom Tamoxifen

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Who is FD.

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 001SS4547 1Original Report ER/PR: 5 1 35Mount Sinai ER/PR: 90 1 80

Recommendations: _____

Review of chart.
Pro treated with
numerous hormone
therapies no change
in therapy.

Follow-up Physician: Letter [REDACTED]

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

check notes
bookDate Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 01:38 469 1Original Report ER/PR: N 1 PMount Sinai ER/PR: 90 1 90Recommendations: currently on fam. rxFollow-up Physician: linked: [REDACTED]Other Physicians: cc [REDACTED]Family Doctor: cc [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 01: SS 708 1Original Report ER/PR: N 1 NMount Sinai ER/PR: 20 1 5

Recommendations: _____

no be offered TamoxifenIt would cap be referred to Cancer Clinic.Follow-up Physician: GP _____Other Physicians: CC _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 99: 332627 1Original Report ER/PR: N 1 90Mount Sinai ER/PR: 30 1 60

Recommendations: _____

juv. frosted with
hamox. ben

Follow-up Physician: Collier - [REDACTED]Other Physicians: [REDACTED]Family Doctor: cc [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/04

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 01: 883401 1Original Report ER/PR: N 1 4/0 WP?Mount Sinai ER/PR: 95 1 0

Recommendations: _____

3 samples 97/98Heather to follow up with

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

NO
Letterto be determined

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/04Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 98:8454101Original Report ER/PR: N 1 60Mount Sinai ER/PR: 15 1 20Recommendations: prev treated w. M Tamoxifenno changeFollow-up Physician: [REDACTED] CCOther Physicians: [REDACTED] effect-CCFamily Doctor: [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/04

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 98!545931 1Original Report ER/PR: N 1 NMount Sinai ER/PR: 60 1 50

Recommendations: _____

2ccom Tamoxifchnotify investigators of change = 8. the investigatorshd be notifiedin change of hormonal status
if hormonal
therapy
started.

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 02: 387583 1Original Report ER/PR: N 1 70Mount Sinai ER/PR: 70 1 50

Recommendations: _____

Currently on tamoxifen.

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 02:955464 1Original Report ER/PR: N 1 20Mount Sinai ER/PR: 40 1 30

Recommendations: _____

already onTreated with Tamoxifen.

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Letter

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06
Name: [REDACTED]
MCP #: [REDACTED]
OPIS #: [REDACTED]
Date of Pathology: [REDACTED]
Pathology Specimen #/Site: 98: 5493831
Original Report ER/PR: 10-15 / SP
Mount Sinai ER/PR: 80 / 90
Recommendations: _____

Review of Chart
Pro treated w/ 12 taxomin
6 Penicillin

Follow-up Physician: [REDACTED] -letter
Other Physicians: [REDACTED]
Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 02:33 8800 1Original Report ER/PR: N 1 15-20Mount Sinai ER/PR: 20 1 30

Recommendations: _____

prev. treated w/ Tamoxifen.No change.Follow-up Physician: Referral to _____

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/24Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 98:5410319 1 LeftOriginal Report ER/PR: 1-2 1 10-15Mount Sinai ER/PR: 30 1 5

Recommendations: _____

Tamoxifen recommended

Follow-up Physician: Letter: [REDACTED]

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 98:3674251Original Report ER/PR: 15-20 / 20-25Mount Sinai ER/PR: 50 / 10

Recommendations: _____

Currently on lamoxifen
No change ✓

Follow-up Physician: ~~Letter~~ & [REDACTED]Other Physicians: [REDACTED] - letterFamily Doctor: CC [REDACTED] [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 01: 3554811

Original Report ER/PR: _____

5 1 90-95

Mount Sinai ER/PR: _____

90 1 90

Recommendations: _____

Have treated with Tamoxifen

✓

Follow-up Physician: _____

W. H. H. H.

Other Physicians: _____

cc

Family Doctor: _____

?

Physician Panel Review: ER/PR Results

*C. art*Date Patient Reviewed: Feb 16/06

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 98: Sub497 1Original Report ER/PR: 5 1 90Mount Sinai ER/PR: 50 1 90

Recommendations: _____

*Observed initial disc
pt. received Tamoxifen initially*

*Subseq got medication doses and treated with
hormone which is appropriate
Shd continue.*

Follow-up Physician: _____

Left

Other Physicians: _____

CC:

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 99:55 5303 1Original Report ER/PR: 10 1 75-80Mount Sinai ER/PR: 50 1 80Recommendations: [REDACTED]

Give
currently on Lamoxifen and Arimidex
unable to tolerate
Side effects - no change in therapy

Follow-up Physician: Letter = [REDACTED] [REDACTED] [REDACTED]Other Physicians: cc - [REDACTED]Family Doctor: cc - [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 98!348852 1

Original Report ER/PR: _____

N 1 30

Mount Sinai ER/PR: _____

85 1 70

Recommendations: _____

HistoryTreated with Reman.Ask atWe understand now on Reman - which isappropriate - no change in therapycheck to see if alive

Follow-up Physician: _____

Letter:

Other Physicians: _____

cc

Family Doctor: _____

cc

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 01: 354979 1

Original Report ER/PR: _____

N 1 50-75

Mount Sinai ER/PR: _____

30 1 60

Recommendations: _____

Currently on Tamoxifen

Follow-up Physician: _____

Letter

Other Physicians: _____

cc

Family Doctor: _____

cc

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 98:54/35b 1Original Report ER/PR: N 1 10Mount Sinai ER/PR: 0 1 0

Recommendations: _____

Confirmed NegativeNO letterQuality to call.

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

MinuteMinute

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 98:Su/4251Original Report ER/PR: 0 1 45Mount Sinai ER/PR: 0 1 0

Recommendations: _____

continued negativeNo letterEquality to call

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

No letter
✓

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 98:5495621Original Report ER/PR: 25-30 / 50Mount Sinai ER/PR: 0 / 0

Recommendations: _____

Review of chart thought to be positive - 3 years on tamoxifen.
never treated with Tamoxifen initially.
Completed 2003 - not longer
being followed by [redacted]
Needs to be told.
not under active treatment.
tamoxifen unnecessary.

Follow-up Physician: _____

Letter: Dr. [redacted]

Other Physicians: _____

cc [redacted]

Family Doctor: _____

implications including cost -
pt. shd be informed -
by Eastern Health

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 01: 35 7298 1

Original Report ER/PR: N 1 30

Mount Sinai ER/PR: 40 1 75

Recommendations: _____

Treated w/ 2 Tenoxicen

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: C3: Subcut 1

Original Report ER/PR: N 1 N

Mount Sinai ER/PR: SC 1 60

Recommendations: _____

Although converted
no treatment recommended.

Very low risk of recurrence and not
recommend any hormonal therapy
at this time

Follow-up Physician: CC [REDACTED]
Letter: B.

Other Physicians: CC [REDACTED] - Letter

Family Doctor: CC [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 97:542130 1Original Report ER/PR: N 1 80-90Mount Sinai ER/PR: 90 1 95Recommendations: ~~Recommend tamoxifen~~NO recommendations~~9 years since~~Low risk of recurrencetherefore no recommendations.Follow-up Physician: Letter- [REDACTED]Other Physicians: cc [REDACTED]Family Doctor:

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 04: SU15484 1Original Report ER/PR: 10 - 1 - 10 before mastectomy 40/0Mount Sinai ER/PR: 0 - 1 - 0 biopsy 5/0Recommendations: YAKSS2873-05- 10/10 after mastectomy Specimen.
0/0biopsy result & mastectomy resultPrev. treated with tamoxifen - May 2005 - Oct 05Aug 2005 - recurrence of diseasebiop we consider pt. hormone negativeand shd not be given any further
hormonal treatment for hermetastatic breast cancerFollow-up Physician: [REDACTED] letterOther Physicians: cc [REDACTED]Family Doctor: cc [REDACTED]

Purchase Requisition

Dept./Program _____ Dept. #: _____ E.O.C. _____

Site: _____ Phone#: _____ Date: _____

Deliver to: _____ P.O.# 21103

COMPANY NAME: _____ 1 _____ 2 _____ 3 _____

<i>Item No.</i>	<i>Vendor Cat.No.</i>	<i>Description</i>	<i>Qty.</i>	<i>Unit Price</i>	<i>Unit Price</i>	<i>Unit Price</i>
					-	
					17.47	

This area must be completed

1. Is this a new item(s)? ☐ Yes ☐ No If yes, Program/Dept. Director approval required _____
2. Does this replace an item(s) presently used? ☐ Yes ☐ No If yes complete following:
(i) Is this a contract item(s)? ☐ Yes ☐ No (ii) Who is the present supplier? _____
(iii) List catalogue # (s) of the present supplier? _____ (iv) Does this replace a Stores item(s)? ☐ Yes ☐ No
(v) What quantities are in hospital departments? _____
(vi) Please note that if this is a contract item(s) or quantities are around the hospital; then this item(s) must be depleted and contract expired before new item(s) purchased.
3. Has any injury been attributed to this equipment? ☐ Yes ☐ No
Does this purchase have any risk factor for injury? (i.e. - overexertion while lifting, pushing, carrying, etc.; postural stress from working above elbow height or below knee height; reaching, working in static positions; environmental factors).
Please explain: _____
4. Is this an electronic patient-related equipment purchase? ☐ Yes ☐ No
If yes, please check with the Biomedical Department (Technical Services) for recommendation.
5. Will this purchase require any of the following services:
(i) Electrical ☐ Yes ☐ No (ii) Plumbing (water, steam, air or medical gases) ☐ Yes ☐ No
(iii) Mechanical (ventilation, etc.) ☐ Yes ☐ No (iv) Architectural (walls, doors, etc.) ☐ Yes ☐ No
If yes, please specify and check with Facilities Management Department for recommendations.
6. Does this purchase require the Infection Control Department involvement? ☐ Yes ☐ No
If yes, please specify and check with the Infection Control Department for recommendations.
7. Please specify any other regulations or requirements to be checked before final purchase is completed.

Known Sources of Supply and Comments

Requisitioner:

Purchasing Manager:

Eastern HEALTH

FAX TRANSMISSION

QUALITY ENHANCEMENT DEPARTMENT

12th Floor, Southcott Hall

Leonard A. Miller Centre

St. John's, NL A1A 1E5

Telephone: (709) 777-6777 Fax: (709) 777-8033

To: Marilyn Saunders	Program/Division:
From: Dr. K. Laing	Date: March 6/06
Pages (Including Cover Sheet): 2	Deliver to Fax Number: 639-7222
Subject:	
Comments:	
Dr. Laing asked me to forward you this letter. you may already have it	
Thanks	
Nesbitt for Dr. Laing	
This information is confidential and if received in error, please contact 777-6777.	

TRANSMISSION VERIFICATION REPORT

TIME : 03/06/2006 11:31
NAME : QSI
FAX : 7097778033
TEL : 7097776777

DATE, TIME	03/06 11:30
FAX NO./NAME	917096397222
DURATION	00:00:33
PAGE(S)	02
RESULT	OK
MODE	STANDARD
	ECM