

Requesting Histopathology Reports via eDoctor

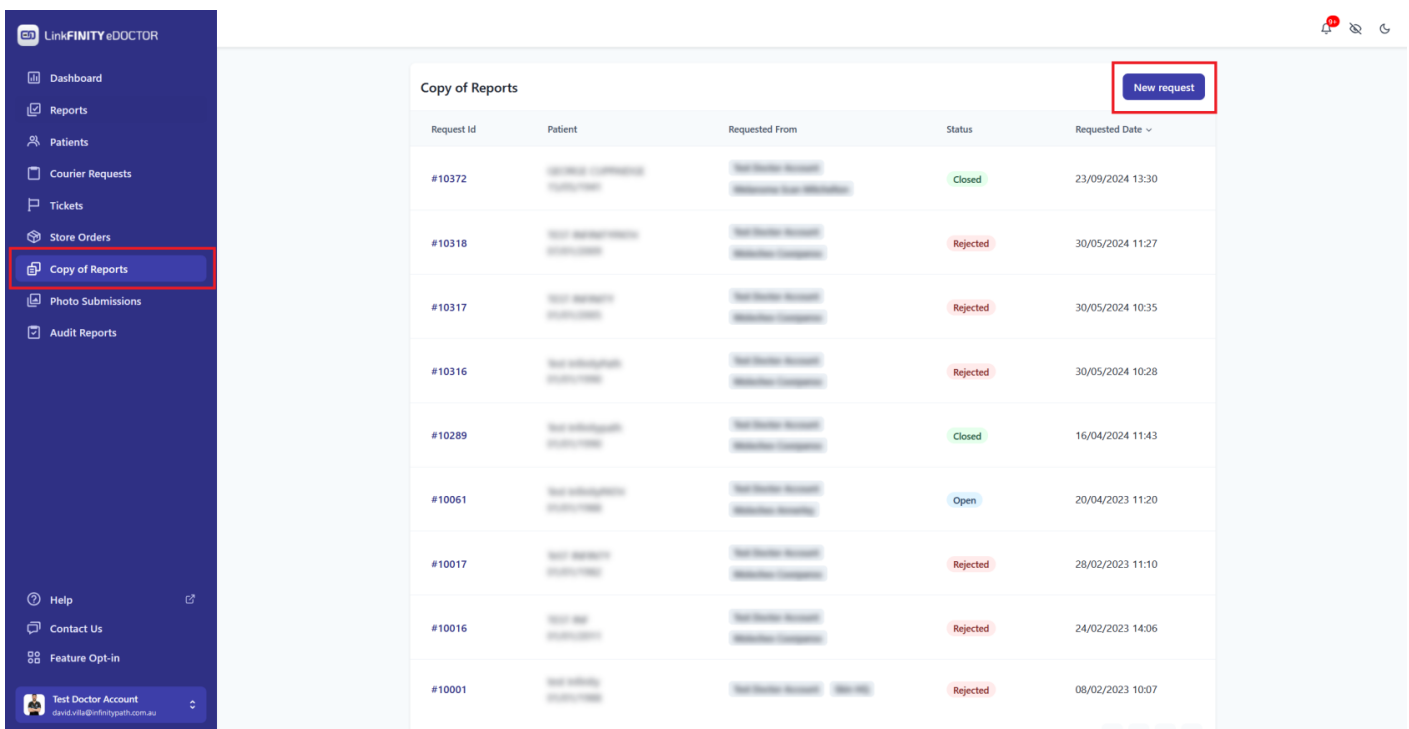
This guide will help you efficiently request histopathology reports using the eDoctor platform. This feature is especially useful for patients transitioning between medical centers, ensuring their medical history is readily accessible. Most requests are processed within 1-3 minutes.

1. Access eDoctor:

- Visit: <https://edocter.linkfinity.com.au/>.

2. Create a New Request:

- Navigate to **Copy of Reports** in the sidebar.
- Click on **New request**.



The screenshot displays the LinkFINITY eDOCTOR interface. On the left is a dark blue sidebar with navigation options: Dashboard, Reports, Patients, Courier Requests, Tickets, Store Orders, Copy of Reports (highlighted with a red box), Photo Submissions, and Audit Reports. At the bottom of the sidebar, there is a 'Test Doctor Account' section with the email david.vila@linkfinitypath.com.au. The main content area is titled 'Copy of Reports' and features a 'New request' button in the top right corner, also highlighted with a red box. Below the title is a table with the following data:

Request Id	Patient	Requested From	Status	Requested Date
#10372	DAVID LUTHERUS VILA	Linkfinity eDOCTOR	Closed	23/09/2024 13:30
#10318	DAVID LUTHERUS VILA	Linkfinity eDOCTOR	Rejected	30/05/2024 11:27
#10317	DAVID LUTHERUS VILA	Linkfinity eDOCTOR	Rejected	30/05/2024 10:35
#10316	DAVID LUTHERUS VILA	Linkfinity eDOCTOR	Rejected	30/05/2024 10:28
#10289	DAVID LUTHERUS VILA	Linkfinity eDOCTOR	Closed	16/04/2024 11:43
#10061	DAVID LUTHERUS VILA	Linkfinity eDOCTOR	Open	20/04/2023 11:20
#10017	DAVID LUTHERUS VILA	Linkfinity eDOCTOR	Rejected	28/02/2023 11:10
#10016	DAVID LUTHERUS VILA	Linkfinity eDOCTOR	Rejected	24/02/2023 14:06
#10001	DAVID LUTHERUS VILA	Linkfinity eDOCTOR	Rejected	08/02/2023 10:07

3. Fill in the Required Information:

- Enter patient details: First Name and Last Name.
- Provide the Request Information, including Date of Birth (DOB) and any other necessary details.

Report Requests / New Request

New Report Request

Patient information

First name Last name

Date of birth

Request information

Date range

Location

Please send report via:

Fax

Download

eDoctor

I have read and agreed to the following terms and conditions

I confirm that I am involved in the ongoing medical care and management of this patient. I request a copy of the histology results for confirmation of diagnosis and treatment planning. I acknowledge that any unauthorised use, modification, disclosure, publication or distribution of the included confidential medical information is strictly prohibited. The information contained in the patient report, including any attachment sent with it, may be subject to a statutory obligation of privacy and confidentiality in accordance with the Privacy Act 1988, the Privacy Amendment (Enhancing Privacy Protection) Act 2012, the Australian Privacy Principles and relevant State and Territory privacy legislation (referred to as privacy legislation). A person that breaches the collection, use and disclosure provisions may be liable for a civil or criminal penalty.

4. Submit Your Request:

- Read and agree to the terms and conditions.
- Click **Submit** to finalise the request.

Please ensure all information is accurate to expedite the process.

Revision #5

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