

Primary Care Data Extract Submission Form

Clinic Name: _____

EDTR Clinic ID: _____

EMR Product: _____

Date Sent: _____

Contact Name: _____

Contact Phone Number: _____

Return Address: _____

Sample Extract:

OR

Quarterly Submission:

Please fill out as much information as possible and include this form with your encrypted CD/USB containing your data extract. The data extract should be delivered in person or via registered courier.

****Please send the extract to:**

Attn: PIMA (PCDE)

Provincial Information Management & Analytics branch

4040-300 Carlton St.

Winnipeg MB R3B 3M9

**Send the password for your encrypted data to EMRInfo@gov.mb.ca.*

Please return my USB to the above address:

Yes

No