

# RELAY – Remote Electronic Labs at Yale

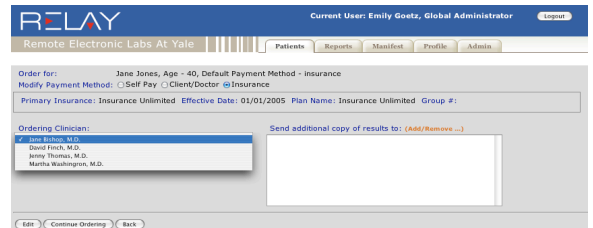
## Software Solutions for Your Lab Ordering Needs

There is a growing emphasis in the healthcare industry on information technology solutions to improve patient care through enhanced efficiency, decreased errors and effective management of clinician's time. Yale Pathology Labs has developed a web-based software solution called **RELAY** to support our clients in achieving this aim.

### RELAY features:



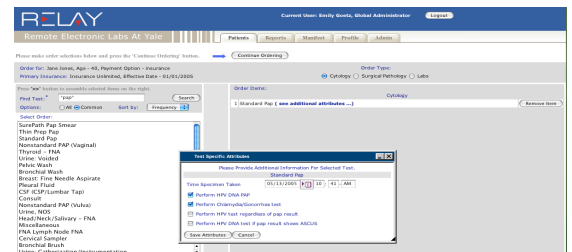
*Easy access from any computer with an Internet connection. RELAY uses sophisticated encryption technology to ensure patient data security and conform to HIPAA guidelines*



*Intuitive interface takes user through clear step-by-step process*



*No interruption in service – patient data is uploaded quickly by Yale Pathology Labs and you can begin ordering labs immediately*



*Increased efficiency in service – all data necessary for accurate diagnosis included on requisition form*

**Yale Pathology Labs**  
Cytopathology  
For Reports, call 203-785-5430

20 York Street  
Yale New Haven Hospital  
New Haven, CT 06510  
Toll free: 877-YALELAB

PID#: \_\_\_\_\_  
Case#: \_\_\_\_\_

C: 1110398490793 Jones, Jane 10 Main Street Anywhere, CT 06555 DOB: 01/01/1965

C: 1110398490793 Jones, Jane 10 Main Street Anywhere, CT 06555 DOB: 01/01/1965

<p>Client Name and Address: Global Administrator 310 Cedar Street New Haven, CT 06520-8023 Phone: 543</p>	<p>Patient Name (Last, First, MI) and Address: Jones, Jane 10 Main Street Anywhere, CT 06555 SSN: 123456789 Date of Birth: 01/01/1965 Gender: F Payment option: insurance</p>				
<p>Submitting Physician: Jane Sheph, M.D. Send additional reports to: Dr. Sheph (M): 512045 10 Main Street, Anywhere, CT 06555 Phone: 989100-9890; Fax: 989100-7777</p>	<table border="1"> <tr> <th>Primary Insurance</th> <th>Secondary Insurance</th> </tr> <tr> <td> <p>Insurance Name: Insurance Unlimited Insurance ID: 9999999 Effective Date: 01/01/2005 Plan Name: Insurance Unlimited Address: 10 York Street Insuranceville, CT 06444</p> </td> <td> <p>not available</p> </td> </tr> </table> <p>Insured's Name: Jane Jones Group #: _____ Payor #: _____ Relation to Patient: self Insured's Employer: _____ Insured's Address: 10 Main Street Anywhere, CT 06555</p>	Primary Insurance	Secondary Insurance	<p>Insurance Name: Insurance Unlimited Insurance ID: 9999999 Effective Date: 01/01/2005 Plan Name: Insurance Unlimited Address: 10 York Street Insuranceville, CT 06444</p>	<p>not available</p>
Primary Insurance	Secondary Insurance				
<p>Insurance Name: Insurance Unlimited Insurance ID: 9999999 Effective Date: 01/01/2005 Plan Name: Insurance Unlimited Address: 10 York Street Insuranceville, CT 06444</p>	<p>not available</p>				
<p>Specimen Collection: _____ Total No. of Containers: _____</p>	<p>Reason for Visit: 1723 LABORATORY EXAMINATION</p>				
<p><b>Please have all patients sign:</b> I hereby authorize and direct my insurance carrier to pay Yale University and Yale Medical Group any benefits due under my insurance plan. I agree to pay any remaining balance, or expenses not covered under my insurance plan. I authorize the release of any medical information necessary to process the claim. I further permit a copy of this authorization to be used in place of the original.</p> <p style="text-align: right;">Patient Signature: _____</p>					
<p>History and Clinical Impression: _____</p>					
<p><b>CYTOLOGY - TESTS REQUESTED:</b></p> <p>pt9191 Standard Pap Time Specimen Taken: 05/13/05 11:35 AM Technician: JMS/PJM</p>					
<p><b>Specific Questions/Procedures:</b></p> <p>Check all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Papanicolaou</li> <li><input type="checkbox"/> Abnormal smearing</li> <li><input type="checkbox"/> Taring procedure</li> <li><input type="checkbox"/> Hysteroscopy has been performed</li> <li><input type="checkbox"/> Endometrial</li> <li><input type="checkbox"/> Vaginal</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p><b>GYN Cytopathology</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Postmenstrual</li> <li><input type="checkbox"/> Using IUD</li> <li><input type="checkbox"/> Using Depo-provera</li> <li><input type="checkbox"/> Endometrial</li> <li><input type="checkbox"/> Post</li> <li><input type="checkbox"/> Other: _____</li> </ul>				
	<p><b>Non-GYN Cytopathology</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> On Birth Control Pills</li> <li><input type="checkbox"/> Using IUD</li> <li><input type="checkbox"/> Using Depo-provera</li> <li><input type="checkbox"/> Fine Needle Aspiration (FNA)</li> <li><input type="checkbox"/> Thick Prep</li> <li><input type="checkbox"/> Sputum</li> <li><input type="checkbox"/> Lateral wash</li> </ul>				
<p>Check Specimens Submitted:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cell-Block Aspiration</li> <li><input type="checkbox"/> Rapid Smear</li> <li><input type="checkbox"/> Thin Smear Aspiration (SMA)</li> <li><input type="checkbox"/> Thick Smear Aspiration</li> <li><input type="checkbox"/> Other: _____</li> </ul>					

*Requisition forms with optional bar code labels to track specimens*

Contact Courtney Trotta at Yale Pathology Labs today for more information or to set up a demonstration of the **RELAY** program at (203) 737-5345.