Manitoba
Health, Seniors and Active Living

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:*

4040 – 300 Carlton Street

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 ☐