

Re-baselining of tumor markers credit request



To credit re-baseline testing on a previously received specimen, the laboratory needs written authorization. Complete this form and **fax** to Allina Health Laboratory Client Services at (612) 863-4067 or submit via email to CentralLabClientServices@allina.com. Please contact our Client Services staff with any questions at (612) 863-4678, option 1, or (800) 281-4379.

Date: _____

Client name: _____ Client collection center code: _____

Contact name: _____ Phone: _____

Patient name: _____ DOB: _____

Sample date of service: _____

Provider full name: _____

RE-BASELINING OF TUMOR MARKERS

- ☐ Re-baselining of Alpha Fetoprotein (AFT)
- ☐ Re-baselining of Carcinoembryonic Antigen (CEA)
- ☐ Re-baselining of Cancer Antigen 125 (CA 125)
- ☐ Re-baselining of Cancer Antigen 15-3 (CA 15-3)
- ☐ Re-baselining of Cancer Antigen 19-9 (CA 19-9)
- ☐ Re-baselining of Prostate Specific Antigen (PSA)

For Allina Health Laboratory use only:

Submitter (SMT): _____ RQ # _____ Specimen # _____

- ☐ Submit a follow up task Billing: MISC for cancel/credit. Enter .labcredit with cancel reason "Testing performed at no charge to patient"
- ☐ Scan this document into OnBase as Supplemental
- ☐ Tasks performed by Client Service staff initials _____

June 2023