Correlation specimen request

Allina Health LABORATORY

Requesting site information:

Date of request			
Requesting site		Site code:	
Contact name			
Contact phone:		Contact fax:	

Specimen information:

Date specimens required:		Results required?	☐ Yes ☐ No

- Requests for specimens must be received a *minimum of 5 business days prior to the date required*.
- Additional time may be required for specimen preparation dependent upon the request.
- *Correlation specimens can only be provided for testing that Allina Health Laboratory performs on site, and that are not time sensitive.*

Transport temperature:	
Minimum sample volume:	
Preferred preservative:	

☐ **Chemistry:** *Billing code: Chemsamples*

Comments:

Analyte:		Quantity:		Result range:	
Analyte:		Quantity		Result range:	
Analyte:		Quantity:		Result range:	
Analyte:		Quantity:		Result range:	
Analyte:		Quantity:		Result range:	
Analyte:		Quantity:		Result range:	
Analyte:		Quantity:		Result range:	

☐ **Hematology:** *Billing code: Hemesamples*

Comments:

Parameter:		Quantity:		Result range:	
Parameter:		Quantity		Result range:	
Parameter:		Quantity:		Result range:	
Parameter:		Quantity:		Result range:	
Parameter:		Quantity:		Result range:	
Parameter:		Quantity:		Result range:	
Parameter:		Quantity:		Result range:	

Email the completed form to AllinaHealthLaboratoryAccountRepresentatives@allina.com

For Allina Health Laboratory use only:

Reponsible party:	*Task*	*Initial/date*
☐ Department	Indicate the total number of specimens submitted to requesting site: Chemistry: Hematology:	
☐ Department	Fax copy of this completed form to Client Services at x34067	
☐ Department	Deliver specimens to outgoing supply area with completed Courier Request	
☐ Client Svcs	Email completed form to Billing at labbilling@allina.com	
☐ Client Svcs	Store document in OnBase as REF-Correlation	