

LabLink user request form

Add or removal

Type or print clearly. *All fields are required for your request to be processed.*

Date	
Name (First MI Last)	
Work email	
Work phone	
Office/facility name and locations you work at:	
1.	4.
2.	5.
3.	6.

If you work at more than six locations, include name/location on a separate document.

Work role: ☐ Physician/Provider ☐ Nurse/CMA ☐ Lab Technician/Technologist
☐ Billing ☐ Other (specify):

Request to: ☐ Add new user account ☐ Delete/Remove user account

Effective date:

Primary LabLink use:

- ☐ I will use LabLink to view results of testing sent to Allina Health Laboratory
- ☐ I will use LabLink to order testing and review results
- ☐ I will be the primary LabLink contact for the above indicated sites
- ☐ I will use LabLink to add or edit patient insurance

I understand that I am responsible for any computing activity carried out using this account. I am aware that applicable laws prohibit the disclosure of patient information without the patient's consent.

Applicant's Signature: _____ **Date:** _____

Sign, scan and email the completed form to AHLOutreach@allina.com or fax to (612) 863-4067.

For Allina Health Laboratory use only:

Lab Administration approval: _____
Date: _____
Username/User ID assigned: _____
Temporary password: _____
Date activated: _____
Date inactivated: _____
User notified: _____