

Fax

To: Allina Health Consultation Center

From:

Fax: (612) 863-9489

Phone:

Pages: #

Date:

Re: See below

CC:

Comments:

Request for case consultation:

- ☐ Complete this cover sheet, making sure to include contact name, phone number and date above
- ☐ Complete an Allina Health Laboratory Consult Center Request
- ☐ Request slides, from location where original case was performed, to be delivered directly to Allina Health Laboratory Consult Center. Shipping/mailling addresses are available on our website. *Allina Health staff will not request the materials*
- ☐ Fax this completed cover sheet and the completed Consult Center Request to (612) 863-9489

Request for additional testing on a case:

Original case performed at an Allina Health location;

- ☐ Complete this cover sheet, making sure to include contact name, phone number and date above
- ☐ Complete the Allina Health Laboratory Pathology Add On Request
- ☐ Fax this completed cover sheet and completed Pathology Add on Request to (612) 863-9489

Original case not performed at an Allina Health location;

Note: Consult on case must be done before additional testing will be performed

- ☐ Complete this cover sheet, making sure to include contact name, phone number and date above
- ☐ Complete an Allina Health Laboratory Pathology Add On Request and an Allina Health Laboratory Consult Center Request if a consult has not previously been performed at Allina Health
- ☐ If a consult case is needed, request both blocks and slides from the location where the original case was performed, to be delivered directly to Allina Health Laboratory Consult Center. Shipping/mailling addresses are available on our website. *Allina Health staff will not request the materials*
- ☐ Fax this completed cover sheet and the completed Consult Center Request to (612) 863-9489

Request for patient materials at Allina Health to be sent to a site other than Allina Health:

- ☐ Complete this cover sheet, making sure to include contact name, phone number and date above
- ☐ Complete a Request for Materials form
- ☐ Fax this completed cover sheet and the completed Request for Materials form to (612) 863-9489

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you received this communication in error, notify the sender immediately and delete this message.

If this information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2), the Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. 16-223101 07/16