

Correlation specimen request

Requesting site information:

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

Account representative: Lisa Johnson Paula Perry Lisa Peterson Amy Stratton

Specimen information:

Date specimens required:	Results required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- 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:	

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:	

Email the completed form to AllinaHealthLaboratoryAccountRepresentatives@allina.com

For Allina Health Laboratory use only:

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