

Correlation testing request



Requesting site information:

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

Account Representative Jordan Fraijo (612) 863-1462 Paula Perry (612) 863-0439
 Lisa Peterson (612) 863-0443 Amy Stratton (612) 863-4674

Test name/analyte requested:			
Clinic/Facility Sample ID	Clinic/Facility Results*	Allina Health Laboratory Sample ID	Allina Health Laboratory Results**

* Include instrument printout whenever possible.
 **Allina Health Laboratory results may be returned on a separate document

Specimens submitted for correlation will be discarded 5 days from the date of testing

For Allina Health Laboratory use only:		
Reponsible party	Task	Initial/date
<input type="checkbox"/> Department	Fax copy of this completed form to Client Services at x34067	
<input type="checkbox"/> Client Svcs	Fax copy of completed form to client at the number indicated above.	
<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 Testing	