

# LabLink user request form

Add or removal

Type or print clearly. *All fields are required in order 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 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 [CentralLabAtlasSetUp@allina.com](mailto:CentralLabAtlasSetUp@allina.com) or fax to Client Services at (612) 863-4067.

**For Allina Health Laboratory use only:**

Client Services - forward any forms received via fax to [CentralLabAtlasSetUp@allina.com](mailto:CentralLabAtlasSetUp@allina.com)

Lab Administration approval: \_\_\_\_\_

Date: \_\_\_\_\_

Username/User ID assigned: \_\_\_\_\_

Temporary password: \_\_\_\_\_

Date activated: \_\_\_\_\_

Date inactivated: \_\_\_\_\_

User notified: \_\_\_\_\_