

## Test re-baselining credit request



To credit re-baseline testing on a previously received specimen, the laboratory needs written authorization. Complete this form and **fax** to Allina Health Laboratory Client Services at (612) 863-4067 or submit via email to [CentralLabClientServices@allina.com](mailto:CentralLabClientServices@allina.com). Please contact our Client Services staff with any questions at (612) 863-4678, option 1, or (800) 281-4379.

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

Client name: \_\_\_\_\_ Client collection center code: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sample date of service: \_\_\_\_\_

Provider full name: \_\_\_\_\_

### Check test below:

- Alpha Fetoprotein (AFT)
- Carcinoembryonic Antigen (CEA)
- Cancer Antigen 125 (CA 125)
- Cancer Antigen 15-3 (CA 15-3)
- Cancer Antigen 19-9 (CA 19-9)
- Prostate Specific Antigen (PSA)
- PTH intact with calcium

### *For Allina Health Laboratory use only:*

Submitter (SMT): \_\_\_\_\_ RQ # \_\_\_\_\_ Specimen # \_\_\_\_\_

- Submit a follow up task Billing: MISC for cancel/credit. Enter .labcredit with cancel reason "Testing performed at no charge to patient"
- Scan this document into OnBase as Supplemental
- Tasks performed by Client Service staff initials \_\_\_\_\_