CORRELATION TESTING REQUEST

ALLINA. MEDICAL LABORATORIES
Allina Hospitals & Clinics

Date: _____ **Clinic/Facility:** _____

Collection Center Code: _____ **Acct Number:** _____

Contact Name: _____ **Contact Phone #:** _____

Contact Fax #: _____ **Analyte Requested:** _____

Account Rep: ❑ Lisa Johnson (612) 262-5068 ❑ Shelly Madson (763) 236-4850
❑ Mary Jo Theis (651) 241-8347 ❑ Kay Zemlicka (612) 262-5973
❑ Judy Ziegeweid (763) 236-6805

Clinic/Facility Sample ID	Clinic/Facility Results*	AML Sample ID	AML Results*

*** Attach instrument printout of results whenever possible**

❑ Faxed to client (Init/Date) _____
❑ Scanned into OnBase (Initial/Date) _____
❑ Original forwarded to AML Billing at 10019 (Init/Date) _____

Comments: