

McKesson/HAC  
User  
Request Form



\*\* - indicates required fields  
Please print clearly or type all entries

\*\*Applicant's Name \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Office/facility location(s) you are associated with: \_\_\_\_\_

Phone number where you can be contacted: \_\_\_\_\_

Work email address: \_\_\_\_\_

**\*\*Please check one of the following roles:**

- Physician
- Nurse-Practitioner
- Lab Technician
- Other: \_\_\_\_\_

**Please check the type of request:**

- New Account
- Renewal
- Deletion: Effective Date: \_\_\_\_\_

**\*\*Primary Use (Please check all that apply):**

- I will be using McKesson to order tests for AML
- I will be using McKesson to inquire only on lab tests from AML

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*Agreement: I understand that I am responsible for any computing activity carried out using this account. I am aware that this is an open system with access to any patient within the Allina Laboratories computer system. I am aware that applicable laws prohibit the disclosure of patient information without the patient's consent.*

**\*\*Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Please Email this completed form to [HACChangeMgmt@allina.com](mailto:HACChangeMgmt@allina.com) or fax to Horizon Support at 612-262-4105.