MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

1360 Energy Park Drive, Suite 220
St. Paul, MN 55108
651-642-0487 | 651-797-1380 (Fax)
mn.gov/boards/hpsp

COLLECTION SITE PROTOCOLS AGREEMENT

Complete the below fields & keep the original form at the collection site:

Name of collection site						
Collection Site Representative Name & Title						
Address of Collection Site						
Phone Number				**Fax Number**		
Days and hours of availability						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Method of Obtaining Service

Walk-in ☐ Call Ahead ☐ Appointment Required ☐ Appointment Preferred ☐

HPSP Participant's Name	**Cost of Collections**

The collection site will act as a collection site (collector) for other HPSP participants? ☐ Yes ☐ No

Postage:

☐ Participant provides pre-stamped mail-kit
☐ Postage is included in collection fee

The collection site will collect urine samples: ☐ Yes ☐ No

The collection site will collect blood samples: ☐ Yes ☐ No

Special Instructions:

On behalf of the collection site, I have read, understand, and agree to adhere Collection Site Protocols.

Signature of collection site staff: _____ **Date:** _____