

HENNEPIN HEALTHCARE (HH)

ACCOUNT GENERATION FORM FOR HPSP PARTICIPANTS

*****Complete and return this form to HPSP*****

BILLING INFORMATION	
Title	
First Name	
Last Name	
Street Address	
Street Address 2	
City	
State	
Zip	
Home Phone	
Cell Phone	
Work Phone	
Date of Birth	
E-mail Address	
Are you a Mayo Rochester Employee?	Yes No

SPECIMEN COLLECTION INFORMATION	
Specimen will be collected at (Check box below)	
<input type="checkbox"/>	Hennepin Healthcare
<input type="checkbox"/>	Offsite – SEND KITS
<input type="checkbox"/>	Both – SEND KITS
Type of Collection: Urine	
If urine collections are to be performed somewhere other than HH and you wish to have mailers and chain of custody forms sent to the collection site instead of your home address, please provide the following information AFTER CONTACTING THE COLLECTION SITE TO CONFIRM that mailers can be sent there.	
Agency Name	
Contact Person	
Street Address	
Street Address 2	
City	
State	
Zip	
Phone	

CONFIDENTIAL RESULTS WILL BE SENT TO	
Health Professionals Services Program Fax number: 651-797-1380	If you would like your results faxed to another organization, complete below:
	Organization Name
	Contact Person
	Fax Number

HPSP COMPLETES THIS SECTION			
P1		New	Case ID#
P4		Amended	
P5		Name Change	MR#
P7		Panel Change	
P9		Color Change	Effective Date
P10		Address Change	
P11		Date	
P12		E-mailed	