

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	
Social Security Number	
Are you a Mayo Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are a Mayo Employee, what team are you on?	
Orange <input type="checkbox"/>	

SPECIMEN COLLECTION INFORMATION	
Specimen will be collected at:	
	HH
	Offsite – SEND KITS
	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: _____
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HPSP COMPLETES THIS SECTION			
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P1		New: <input type="checkbox"/>	CaseID#
P4		Amended <input type="checkbox"/>	MR#
P5		Name Change <input type="checkbox"/>	
P7		Panel Change <input type="checkbox"/>	
P9		Color Change <input type="checkbox"/>	
P10		Address Change <input type="checkbox"/>	
P11		Date Faxed: _____	
P12			