

JENNIFER M. GRANHOLM

JANET OLSZEWSKI

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## Dear Colleague:

The Michigan Department of Community Health has implemented a data reporting system that allows agencies to receive Microbiology and Virology laboratory reports via an AUTOMATIC FAX TRANSMISSION. FAX REPORTING will provide 24-72 hours improvement in turn around time to your facility.

To convert your agency to an AUTOMATIC FAX TRANSMISSION AGENCY:

- 1) You must have a dedicated FAX line. A dual use phone/FAX line is not acceptable.
- 2) A letter must be mailed to the MDCH Bureau of Laboratories on your agency letterhead consenting to becoming an automatic fax agency, and be signed by a person who is authorized to make this request.
- 3) The enclosed statement of understanding must be completed, signed and returned along with the consenting letter.

The letter and statement of understanding must be mailed to MDCH via U.S. mail, to the following address:

Michigan Department of Community Health Bureau of Laboratories Data & Specimen Handling Unit - Quality Assurance Section 3350 Martin Luther King, Jr. Boulevard Lansing, MI 48909

As soon as the FAX conversion is completed at MDCH, reports will begin being sent by FAX transmission on the following schedule.

The current Michigan Department of Community Health - AUTO FAX schedule of print times are 7:30A.M., 10:30A.M., 12:30P.M., 2:00P.M., 3:30P.M., 4:30P.M. and 6:45P.M.

(Continued)

**If your agency chooses this fax reporting\* option,** the delivery of Microbiology and Virology laboratory reports through the United State Postal System will be eliminated. <u>A dedicated, secure FAX must be available 24 hours per day, 7 days per week (24/7) to receive reports.</u> Please note, results of Blood Lead, Environmental Lead and Newborn Screening tests will continue to be delivered by the United States Postal System until further notice.

Please notify MDCH if your FAX is down for repairs. If an alternate, secure FAX number is available, reporting can be promptly changed to the alternate FAX. Please notify MDCH when your secure FAX number is again operational. If your FAX machine is down, and you do not have an alternate secure FAX, reports will be mailed until your machine is operational, without any unnecessary delays. It is the responsibility of your agency to daily maintain a secure FAX line.

If you have any further questions, please contact the DASH Unit at (517) 335-8059 or Sam Davis at (517) 335-8074.

Sincerely,

Debra K. Groh

Debra K. Groh, Supervisor
DASH Unit, Quality Assurance Section
Michigan Department of Community Health
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\*All HIV-1 <u>serum serology</u> testing is performed at two regional public health laboratories. To obtain more information about the availability of fax reporting options at these institutions, please contact Ms. Cindy Overkamp (616) 632-7210 at the Kent County Health Department or Dr. Aloysius Hanson (313) 876-4220 at the City of Detroit Health Department.

Please keep this letter for your records.

Space below for MDCH DASH Unit Use only

## STATEMENT OF UNDERSTANDING

## AGENCIES SELECTING AUTOMATIC FAX TRANSMISSION OPTION:

- 1. I understand that ALL MICROBIOLOGY AND VIROLOGY reports of patient testing, performed by the MDCH Bureau of Laboratories, will be sent to this requesting agency via a dedicated FAX line transmission.
- 2. I understand that upon conversion to a fax transmission agency, NO hard copy reports will be sent using the United States Postal Service, unless this receiving agency FAX machine is not operable.
- 3. The FAX number provided to MDCH is to a Secure Facsimile Machine. To be a Secure Facsimile Machine the following criteria must be met:
  - A) Only persons authorized to review confidential clinical laboratory test results use or otherwise have access to incoming FAX transmissions.
  - B) The facsimile machine is in a secure location during non-business hours in the event that FAX transmittal occurs after normal business hours

Our Agency sends specimens to the following Regional Labs for testing. Circle all that apply.

⇒ Lansing Detroit City Houghton Kalamazoo Kent County Saginaw

Date\_\_\_\_\_\_

Agency Name\_\_\_\_\_

Agency Address\_\_\_\_\_\_

Secure FAX Number\_\_\_\_\_

Contact Person For Fax Problems (Please Print)\_\_\_\_\_\_

Contact Person's Phone Number for Problems\_\_\_\_\_\_\_

Please keep a copy for your records

AutoFax.doc