

Laboratory ePath Onboarding Form

A FIELD WITH AN ASTERISK (*) IS REQUIRED

Return completed form to the Minnesota Cancer Reporting System (health.mcrs@state.mn.us)		
*Laboratory Name:		
*Laboratory CLIA:		
*Laboratory Address:		
*City:	*State:	*Zip:
*Other laboratory location(s) (list all cities):		
*Laboratory Contact:	*First Name:	*Last Name:
	*Email:	*Phone:
	*Title:	
*Laboratory IT Contact:	*First Name:	*Last Name:
	*Email:	*Phone:
	*Title:	
Other Lab Contact:	First Name:	Last Name:
	Email:	Phone:
	Title:	
Laboratory Information		
*Laboratory Information System (LIS) Name:		

LABORATORY EPATH ONBOARDING FORM

Laboratory Information
*Associated Electronic Health Record (EHR) or Electronic Medical Record (EMR) System (if applicable):
*List any other information systems or EHR/EMR that the laboratory may have access to:
*Reporting format: <input type="checkbox"/> HL7 Version 2.3.1 <input type="checkbox"/> HL7 Version 2.5.1 <input type="checkbox"/> Pipe-Delimited Format <input type="checkbox"/> Unknown *Reporting transportation method: <input type="checkbox"/> PHINMS <input type="checkbox"/> MDH File Transfer website <input type="checkbox"/> Unknown
*The laboratory is able to submit: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
*Does your laboratory supply services for other facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, who? Please explain:
*Of these personal identifiers, what is available from the LIS? <ul style="list-style-type: none"> - Race: <input type="checkbox"/> Yes <input type="checkbox"/> No - Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No - Address: <input type="checkbox"/> Yes <input type="checkbox"/> No - Date of Birth: <input type="checkbox"/> Yes <input type="checkbox"/> No - Sex: <input type="checkbox"/> Yes <input type="checkbox"/> No - Social Security Number: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None

FOR MDH USE ONLY
Date Received:
Staff Review:

Minnesota Department of Health
 Minnesota Cancer Reporting System (MCRS)
 PO Box 64882
 St. Paul, MN 55164-0882
 651-201-5900
 Email: health.mcrs@state.mn.us
www.health.state.mn.us

11/25/2019

To obtain this information in a different format, call: 651-201-5900. Printed on recycled paper.