

*Michigan Department
of Community Health*



**Rick Snyder, Governor
Olga Dazzo, Director**

October 12, 2011

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 or faxed 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 faxed or mailed to MDCH, 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
Fax to: 517-335-9871

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

The Infectious Diseases Division STARLIMS laboratory information system archives and groups all result reports by 'submitter' into a delivery group (i.e. Fax, Hard Copy, E-mail, HL7) before printing begins. Infectious Diseases reports may contain multiple pages. STARLIMS print jobs run every hour - approximately five minutes after the hour.

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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. A dedicated, secure FAX must be available 24 hours per day, 7 days per week to receive reports. 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 Dr. Jeffrey Massey at (517) 335-8074.

Sincerely,

Matthew Bashore

Matthew Bashore, Supervisor
DASH Unit, Quality Assurance Section
Michigan Department of Community Health
Bureau of Laboratories, Building 44, Room 155
P.O. Box 30035, Lansing, Michigan 48909
E-mail: bashorem@michigan.gov Phone: (517) 335-8059 FAX: (517) 335-9871

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 Kalamazoo Kent County Saginaw

Date _____

Agency Name _____

Agency Address _____

Authorized Signature _____

Secure FAX Number _____

Contact Person For Fax Problems (Please Print) _____

Contact Person's Phone Number for Problems _____

Please keep a copy for your records