



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

June 7, 2023

Dear Colleague:

The Michigan Department of Health and Human Services has implemented a data reporting system that allows agencies to receive Microbiology, Virology and Trace Metals laboratory reports via an AUTOMATIC FAX TRANSMISSION. FAX REPORTING will provide 24-72 hours improvement in turnaround 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 MDHHS 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 MDHHS via U.S. mail, to the following address:

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

Or faxed to: (517)335-9871

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

The current Michigan Department of Health and Human Services - Bureau of Laboratories - AUTOMATIC FAX schedule of print times is hourly, in the new StarLims laboratory information system, or as testing is validated and released by the testing units.

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If your agency chooses this fax reporting* option, the delivery of Microbiology, Virology and/or Trace Metals 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 (24/7) to receive reports.

Please notify MDHHS 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 MDHHS 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 Mary Bonifas at (517) 335-8074.

Sincerely,

Matthew Bashore

Matthew Bashore, Manager
DASH Unit, Quality Assurance Section
Michigan Department of Health and Human Services
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.

STATEMENT OF UNDERSTANDING

AGENCIES SELECTING AUTOMATIC FAX TRANSMISSION OPTION:

1. I understand that ALL MICROBIOLOGY, VIROLOGY and TRACE METALS reports of patient testing, performed by the MDHHS 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 MDHHS 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 Kalamazoo Kent County Saginaw

Specimen Types (Circle all that apply)

Infectious Disease (STD, TB, Microbiology Cultures, etc.) Lead (whole blood, environmental)

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