



# Kent County Health Department

Environmental Health Division  
Regional Laboratory  
700 Fuller Avenue N.E.  
Grand Rapids, Michigan 49503  
(616) 632-7210  
FAX: (616) 632-6899

CATHY RAEVSKY  
ADMINISTRATIVE HEALTH OFFICER

Dear Colleague:

The Kent County Health Department Regional Laboratory has a data reporting system that allows agencies to receive **AUTOMATIC FAX TRANSMISSION** of laboratory reports. The other option for reporting is by way of the United States Postal Service (USPS). Presently, **FAX Transmission** is the most efficient way to receive reports and can cut reporting time by 24-72 hours. Later in 2008 we expect to have a new Laboratory Information System (LIS) installed offering reports on line.

In order to obtain FAX reports, you must have the following:

- 1) A dedicated FAX line\*
- 2) A letter on your agency letterhead sent to the Kent County Health Dept. Laboratory requesting to be an automatic fax agency, and signed by an authorized person to make that request.
- 3) A completed Statement of Understanding attached and returned with your letter of request.

These requests may be mailed or faxed to:

**Kent County Health Dept. Regional Lab**  
**700 Fuller Ave NE**  
**Grand Rapids, MI 49503**  
**Phone: 616-632-7210**  
**FAX: 616-632-6899**

\* A DEDICATED FAX LINE IS ONE NOT SHARED WITH A PHONE LINE. IF YOUR FAX IS SHARED WITH A PHONE LINE, WE WILL NOT BE ABLE TO PROVIDE YOU FAX REPORTING

As soon as the FAX steps are complete at the Kent County Lab, your reports will be sent by FAX Transmission using the following AUTO FAX scheduled print times: 7:30AM, 10:30AM, 12:45PM, 2:00PM, 3:30PM, 4:30PM, and 4:45PM. A secure FAX must be available 24 hours per day, 7 days per week (24/7) to receive reports

**Please notify KCHD Laboratory if your FAX is down for repairs.** Please notify the Laboratory 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 and to notify us of any interruptions in FAX capability.**

Sincerely,

Cindy Overkamp  
KCHD Regional Laboratory Manager

**Please keep this letter for your records**

## Statement of Understanding

### Kent County Regional Laboratory

#### AGENCIES SELECTING AUTOMATIC FAX TRANSMISSION OPTION:

1. I understand that ALL LABORATORY reports of testing performed by the KCHD Laboratory will be sent to this requesting agency via a dedicated FAX line transmission.
2. I understand that if we choose to become a FAX transmission agency, that NO hard copy reports will be sent using the US Postal Service, unless this receiving agency FAX machine is not operable.
3. The FAX number provided to KCHD is for a secure FAX machine. To be a Secure Facsimile Machine, the FAX cannot be shared with a phone line.

**To qualify, the following criteria must be met:**

1. Only persons authorized to review confidential clinical laboratory test results may have access to incoming FAX transmissions.
2. The facsimile machine is in a secure location during non-business hours in the event that FAX transmittal occurs after normal business hours.

If you wish to have your reports faxed, please complete this form below AND send with a letter of intent on your letterhead by FAX to 616-632-6899 or mail to: Kent County Health Dept. Regional Lab; 700 Fuller Ave NE; Grand Rapids, MI 49503

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KENT COUNTY HEALTH DEPT. REGIONAL LABORATORY  
AUTOMATIC FAX TRANSMISSION CUSTOMER

Date \_\_\_\_\_

Agency Name and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

I understand that ALL TEST RESULTS of testing performed by the KCHD Laboratory will be sent to my agency via FAX transmission. I also attest that the FAX number provided to the KCHD Laboratory is for a secure FAX so that result reports Can only be viewed by persons authorized to receive test results and can be received by FAX.

Signature \_\_\_\_\_

Printed name of above \_\_\_\_\_

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

**Please keep a copy for your records**