



Instructions for Linking Document for Corrections

Option 1:

- ❖ Create a ticket from Review order screen (automatically links the order to this ticket)
 - Outside client will automatically populate the name of their facility in Client box.
 - Select the reason of the ticket as correction (two options: pending order or completed order/report). Fill out summary and description (no PHI). **Click save.**
 - Screen will tell you that your ticket was submitted and return you to review order screen.
 - Click "View Tickets". Choose the ticket you need to attach document to and click "view details" button.
 - They can then add notes that can contain PHI. Click link Document to link the needed document.
 - Helpful hint: Under the links tab they can see the order and patient that is linked to this ticket.

Option 2:

- ❖ Create a ticket from Client service Request under quick links. (If you choose this option you will have to manually link order)
 - Outside client will automatically populate the name of their facility in Client box.
 - Select the reason of the ticket as correction (two options: pending order or completed order/report). Fill out summary and description (no PHI).
 - At the bottom of the ticket screen is a Link button. Press link then document. Also press link the order (will need to have order ID).
 - Click Save.

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DEPARTMENT OF
**PUBLIC HEALTH &
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CHARLIE BRERETON
DIRECTOR

Following patient safety initiatives, all specimens received at the Montana Public Health Laboratory (MTPHL) must be labelled with two, separate unique identifiers that also match the unique identifiers documented on the corresponding test requisition. Change requests will only be considered if the change is minor. Major changes to a unique identifier will not be considered.

Date: _____

Facility Name: _____

Lab Portal Order Number: _____

Employee Completing Form: _____

We have identified a minor transcription error that is affecting one of the unique identifiers on a specimen submitted to the MTPHL. Our facility is requesting the below information to be corrected.

Date of Birth

Correct DOB:

Patient Name

Correct Patient Name:

MRN Number

Correct MRN:

Other Corrections:

Detail Requested Changes:

I certify that I am authorized to request changes on the Lab Portal Test Order listed on this form. I have approval by the laboratory director in my facility to sign and submit this change request form.

Signature: _____