

CENTRAL REGIONAL PATHOLOGY LABORATORIES
2945 Hazelwood Street, Suite #310
Maplewood, MN 55109
(651) 264-1500 fax (651) 264-1646

CRPL



Request for Amendment/Correction of Health Information

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Clinic Account #/Physician: _____

Specify record to be amended (report number):

Collection date:

Specify requested amendment/correction:

Reason for amendment/correction request:

Please identify any individuals who may have received the non-amended information and whom you believe should receive the amended information if your request is accepted:

Name of person requesting amendment:

Signature of person requesting amendment: _____ Date: _____