

REQUEST FOR PATIENT'S OWN PAST RESULTS

Name of Requester (please print): _____ Date: _____

LifeLabs Staff Name: _____ Site: _____

Requested Patient Information Detail:

Attach Patient Label if available & have patient authorize the information (initial).
Or have patient complete address section below.
(COM,ORD,LAB,PTL)

Attach Test Summary Label if available.

Patient's initials to confirm address on label above: _____

Previous or alternate names: _____

Address (including postal code): _____

Telephone (Daytime #): _____

Date of Birth (Day/Month/Year): _____

PHN #: _____

Date(s) of service: _____

Test Name or Accession #(s): _____

Tick applicable boxes:

Picture ID confirmation¹ (LifeLabs staff initials): _____

Picture ID not required²

Information requested is less than one year old and associated with one lab visit – **no charge**.

Information requested is more than one year old (specify time period).

Information requested is associated with > 1 lab visit.

Other Information (Please print clearly)

NOTE: Depending on the information requested, a retrieval/administration fee may be charged. In these cases, we will inform the patient of the cost and will require payment before processing the request.

Signature of Requester: _____

**Forward completed form to:
Admin Support, VRL**

¹ To confirm identify of the patient, ask to see picture ID (i.e. Drivers License, Passport) and then initial this form. If patient has lab tests at the same time this request is made, picture ID is not necessary.

² Picture ID is not required if patient has lab tests at the same time request for past reports is made.