State of Illinois
Illinois Department of Public Health

REQUEST FOR ACCESS TO LABORATORY TEST RESULTS

INSTRUCTIONS
To request a laboratory test report, fill out this form and submit it with a $25 check or money order payable to: Illinois Department of Public Health, Division of Laboratories.

The CLIA Program and HIPAA Privacy Rule; Patients' Access to Test Reports (45 CFR Part 164) requires a written response 30 days after receipt of the request.

REQUEST
I request a copy of my laboratory test reports described below.

My Name:_____ Date of Birth (mm/dd/yyyy): _____

Gender: _____ Date of specimen collected: _____

Type of specimen collected:_____

Name of the facility that collected the specimen: _____

Test result(s) requested:_____

How would you like to receive this information: ❑ Mail ❑ Fax ❑ Electronic

Address/Email where results are to be sent: _____

_____

Fax number where results are to be sent:_____

Phone number where you can be reached: _____

I authorize the release of laboratory reports to:

❑ Spouse:_____ ❑ Child:_____

❑ POA: _____ ❑ Other: _____

Signature:_____ Date of Request: _____

State of Illinois, County of _____ Signed (or subscribed or attested) before me on _____
(date)

by _____.
(name of person)

(seal)

_____
Signature of notary public

Send this request to:

Illinois Department of Public Health
Division of Laboratories
825 N. Rutledge Street
Springfield, IL 62702
Phone: 217-782-6562
Fax: 217-524-7924

For Laboratory use only

Date request received: _____ Date report sent: _____

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