



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
Springfield Laboratory
825 N. Rutledge, P.O. Box 19435
Springfield, IL 62702
Phone: 217-782-6562
Fax: 217-524-7924

For Laboratory use only

Date request received: _____ Date report sent: _____