

**1. PATIENT INFORMATION:** PLEASE USE BLUE OR BLACK INK TO COMPLETE FORM

*Name - Last	*First	MI	For each use with standing / future order  <b>Verification of Patient Information</b>  Initials _____  Date _____
Other names to search (nicknames, former names, etc.)			
*Street Address			
*City	*State	*Zip	
Insurance I.D.	Cell Phone or Other Primary Phone		
*Date of Birth	*Sex		

MM / DD / YYYY

**2. PLEASE INDICATE THE MEDICAL RECORDS REQUESTED:**

- Results of the laboratory tests collected or dropped off today
- Prior results specified below

Ordering Clinician Name	Ordering Clinician City & State	Date of Service Month & Year

Other records, specify records requested and approximate date of service \_\_\_\_\_

**3. PLEASE SELECT ONE OF THE FOLLOWING METHODS FOR TRANSMISSION:**

\*Send to (enter Name if different from above): \_\_\_\_\_

\*By (please mark one): NOTE: Lab results may NOT be sent via text message.

- Email address: \_\_\_\_\_
- Fax Number: \_\_\_\_\_
- Mail (enter address if different from above): \_\_\_\_\_

My signature below authorizes Pathology Laboratories, Inc. (PathLabs) to release the records containing Protected Health Information that I have requested:

4. \*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Printed Name: \_\_\_\_\_

\*Relationship:  Self  Parent  Legal Guardian (provide proof)  Personal Representative (provide proof)

<i>Internal Use Only</i>		PSC ID	Records Released by:
<input type="checkbox"/> Photo ID Verified	<input type="checkbox"/> Pt Record Request for current accession (place accession label below)	Phleb ID	Date: _____
<input type="checkbox"/> Standing / Future Order	<input type="checkbox"/> Pt Record Request for past records	_____	_____

**FOR INFORMATION OR TO SUBMIT FORM:**

Pathology Laboratories, Inc. Phone: 800.281.8804 (toll free) Visit: www.pathlabs.org  
1946 N. 13th St., Ste. 301 Fax: 419.255.4610  
Toledo, OH 46304

**LAB USE ONLY**  
PLACE BAR CODE LABEL HERE

PathLabs will use its best efforts to respond within two (2) weeks of request unless testing requires an extended period of time. For patient safety, any changes to information requires a new form to be completed.

\*Indicates **REQUIRED** Information

## Instructions for RECORD REQUEST FORM

### 1. Patient Information:

Information is for the person whose records are being requested. **Name, address, date of birth** and **gender** are required. Phone, contact information and insurance I.D. number are also helpful for correct identification.

### 2. Medical Records Requested:

- Check the first box for results of lab tests collected or dropped off today.
- If previous records are requested, please give as much detail as possible about the records. Indicate ordering clinician name, city and state as well as month and year the tests were performed.

### 3. Method of Transmission:

If the records are being sent to someone other than yourself, please enter the name of the person to receive the records. The records can be sent in one of several different ways.

- Please indicate your preferred way to receive the records.
- Give the appropriate information for the format you choose.

NOTE: Contact information provided will not be used for solicitation purposes.

### 4. Signature:

All requests must be signed and dated. If the person requesting the records is not the patient, please indicate what the relationship is between the requestor and the patient. Legal Guardians and Personal Representatives must provide written documentation to prove the authority to access the records. A copy of one (1) of the following documents must be submitted with the RECORD REQUEST FORM:

- Proof of legal guardianship
- Documents proving power of attorney
- Medical power of attorney
- Proof of custodial relationship

### TO SUBMIT FORM:

This RECORD REQUEST FORM can be submitted at a Pathology Laboratories' (PathLabs) Patient Service Center. Please provide a valid picture identification to expedite the process.

Alternatively, the form may be mailed or faxed to PathLabs along with a copy of **two (2)** current forms of identification, **one (1)** of which must be a photo ID. See the bottom of form for submission information. The following are acceptable forms of identification to be sent with the RECORD REQUEST FORM:

- |   |  |
|---|--|
| Driver's license or State Identification card | USTribal or Bureau of Indian Affairs ID card |
| Insurance card                                | Certification of Citizenship – N560          |
| Military I.D.                                 | Employee Authorization card                  |
| Social Security card                          |  |
| Passport                                      |  |