



PATIENT REQUEST FOR LABORATORY TEST RESULTS

To obtain copies of your laboratory test results, a request must be submitted to the main laboratory in writing, with proof of identification and a \$5 processing fee. Please completely fill in the fields below. Any missing information may result in delayed or non receipt of your results. Please allow up to 14 business days to process your request.

Today's Date		
First Name		Last Name
Date of Birth	Date of Collection	Patient's Phone Number
Patient's Address		
Ordering Physician's Name		

In order to process your request, please acknowledge the following:

____:Initial Laboratory test results are only available to the patient or a personal representative who has authority under applicable law to make health care decisions for the individual. Any person advocating as a personal representative will be required to provide documentation.

____:Initial The laboratory will not provide interpretation of any test results. For any questions pertaining to your results, please contact your health care provider.

Signature of Patient (or Personal Representative)

Date

Name of Personal Representative (Please Print)

Please mail this form with payment and a copy of your identification to:

Primex Clinical Laboratories
16742 Stagg St. Unit 120
Van Nuys, CA 91406