



# 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: \_\_\_\_\_