Hemoglobinopathy-Authorization and Release-Instructions

SECTION 1:
- **Patient Information at time of testing**: Use this section to indicate information about the patient whose records are being sought. DCLS will use this information to query our records, so please be specific and detailed.

SECTION 2:
- **Laboratory Report type(s)**: Use this section to specify what type of laboratory report you are requesting or what type of testing was performed. Examples of tests: tuberculosis, newborn screening, or influenza.
- **Approximate specimen collection date**: Use this section to approximate the date your specimen was collected and sent to DCLS. A range of dates can be entered.
- **Send report to**: Use this section to specify where you would like the copy of the report(s) sent.

SECTION 3:
- **Validity**: The patient or designee **must** sign the request form. Forms that are not signed will not be processed.
- **Power of Attorney**: Legal documentation proving power of attorney for the patient **must** accompany the request form.

SECTION 4:
- **Notary Section**: Have the request form notarized. If a notary is unavailable, you may send a photocopy of your driver’s license as proof of your identity.

**Once completed, send the form to:**

Division of Consolidated Laboratory Services  
Attention: Patient Report Requests  
600 North 5th Street  
Richmond, Virginia 23219

Consent Form – Medical Records C