E Lab Quick, LLC; DBA: Quick Health Labs

Authorization/Release Form

I, _____ authorize E Lab Quick, LLC; DBA Quick
Name of Donor/Patient
Health Labs, to release my Laboratory test results to the below listed person(s) if applies.

Person(s) or organizations receiving my laboratory test results

Donor/Patient Name:_____DOB:_____

Donor/Patient Address:_____Zip Code:_____

Donor/Patient Phone:_____

Donor/Patient Secure email or fax for results:_____

Name:_____

Address:_____

Phone:_____

Secure email or fax for results:_____

Name:_____

Address:_____

Phone:_____

Secure email or fax for results:_____

_____ _____

Donor Signature Date