

**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:\_\_\_\_\_

Donor/Patient Address:\_\_\_\_\_

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