

## Authorization Form

This form must be filled out completely and signed by an authorized individual at your institution.

To receive correspondence and patient results from LabPMM by email, you will need to create a free account with Egress, an encrypted email provider. The email address used as your Egress ID must exactly match the email address where we have been requested to send results. Egress does not require users to download a program to begin receiving emails from LabPMM. Please note, there is a convenient website as well as desktop, Outlook and mobile apps which can enhance your experience, but are not required.

Please click on the following link to create an Egress email account.

<https://switch.egress.com/ui/registration/accountcreate.aspx>

Company/Institution		
Attention Line		
Street 1		
Street 2		
City	State/Province	Postal/Zip Code
Country	Phone Number	

**Primary Egress Account Holder Name**

**Primary Authorized Email Address**

Additional Authorized Email Addresses (will be CC'd on each correspondence)

**As the primary authorized Egress account holder of the above institution/company I verify that I have accurately provided all of the required information.**

Name	
Title	
Signature	Date