

Fax Authorization Form

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

In order for the Laboratory for Personalized Molecular Medicine to deliver your results by fax we must have an authorized fax number. This authorized fax number will be utilized to routinely send patient test results, so please ensure the fax is in a secure location to prevent unauthorized distribution of protected health information.

**Please complete
this form and return
to LabPMM by:**



Fax
(858) 430-4538

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

Authorized Fax Number

Other Comments

As an authorized member of the above institution/company and I have accurately provided all of the required information.

Name

Title

Signature

Date