PG$_{XL}$ Laboratories Test Results Request

201 E. Jefferson St., Suite 309, Louisville KY 40202
Phone: 502-569-1584 Fax: 502-569-1586 CLIA# 18D0983143

Patient and Physician Information

Name (Last, First, MI)	Birth Date
Physician's Name	Approximate Date of Test

Delivery Instructions

Delivery Method

☐ U.S. Mail	Name	
	Address	
	City, State, Zip	
	Phone	
☐ Secure eMail	eMail Address	
☐ Fax	Fax Number	

Patient Consent

I request a copy of the results of a genetic test or tests performed on me by PGXL Laboratories.
In order to protect my privacy, the results will be delivered in accord with applicable regulations. If delivered by surface mail, a signature will be required. If delivered electronically, I will have to log onto a secure website to download the results.

I understand that these genetic test results give only a part of my total health picture. Results should always be interpreted in context with the individual's clinical picture and medications. I should in no way alter my health regimen after receiving these test results without first consulting with my health care provider.

___________________________________ ___________________________________ _______________

Signature of patient or legal guardian — If guardian, print name — Date

In order to protect the privacy of our patients, results will be delivered in accord with all applicable regulations. We apologize for any inconvenience this security may cause.