

WARDE MEDICAL LABORATORY

INSTRUCTIONS FOR REQUESTING COMPLETED PATIENT TEST RESULTS

Laboratory test results are issued only to the person on whom testing was performed, to the person who consented to have the testing performed, or if under 18, to a parent/guardian, or the person authorized by the patient to receive the results. The laboratory reserves the right to contact the ordering provider/submitter as needed to verify the authority and identity of the person requesting the laboratory test result.

The laboratory has up to 30 days from the time the request has been received to provide laboratory test results. This allows time for the laboratory to verify the requestor's identification provided, and allows the medical provider time to review results and provide treatment when necessary.

THE LABORATORY IS NOT RESPONSIBLE FOR INTERPRETING LABORATORY TEST RESULT. If you have questions about the results, contact your medical provider.

In order to provide your results, we must verify your identity to ensure we are not violating healthcare privacy laws.

1. Submit a copy of one of the following identification documents with a completed Patient Request for Release of Completed Laboratory results. This form may be found in the Appendix of the Test Directory on wardelab.com, or may be faxed or emailed to you by the Warde Medical Laboratory Client Services department.
 - Driver's license
 - ID card issued by federal, state, or local government
 - Passport
 - School ID with photograph
 - Copy of a certified birth certificate
2. If you are the parent or guardian of a patient under 18 years of age for whom you are requesting a laboratory test result, please provide a copy of the minor's birth certificate or proof of adoption or guardianship in addition to your identification documentation.
3. If you are the personal representative of the patient, please submit a copy of the healthcare or durable Power of Attorney in addition to your identification documentation.

Mail the completed form and copy of identification to:

Warde Medical Laboratory
300 West Textile Rd
Ann Arbor, MI 48108

Or Fax to:
734-214-0399
Attn: Client Services



PATIENT REQUEST FOR RELEASE OF COMPLETED LABORATORY RESULTS

In order to assure patient identification in compliance with the Health Insurance Portability and Accountability Act (HIPAA), Warde Medical Laboratory requires the completion of the following information:

Patient Name	
Date of Birth	
Street Address	
City, State, Zip	
Provider	
Type of Test(s)	
Name of physician office or hospital where test was collected:	
Date(s) when test collected:	
I understand that this request is valid for the patient listed above and all results documented on this request will be released to the person signing this document. I understand Warde Medical Laboratory records will contain personal healthcare information and when released, Warde Medical Laboratory is not liable for distribution beyond this signed request. If this document is not signed, Warde Medical Laboratory will not be able to process the request and results will not be provided.	
Signature:	Date:
If parent, guardian, or personal representative: print your name and relationship:	
Send results by mail to:	Send results by fax to:

<p>FOR WML STAFF ONLY: Received: ___/___/___ Completed: ___/___/___ Sent: ___ Fax ___ Mail Staff completing request: _____</p>
