



## Patient authority to release pathology results

Results will be sent approximately 7 days after all tests have been reported to your doctor.  
Consider making an appointment with your own doctor if results are required sooner.

**Note:** results released pursuant to this form will be sent only after **all** requested tests have been completed.

Patient Name \_\_\_\_\_ (Print name clearly)

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Contact number \_\_\_\_\_

This is to certify that I authorise the release of pathology reports relating to myself in the form of written reports to:

Name of recipient \_\_\_\_\_ (Print name clearly)

Address of recipient \_\_\_\_\_  
\_\_\_\_\_

Fax number (if applicable) \_\_\_\_\_

Email address \_\_\_\_\_  
(Print clearly, an illegible address may fail to send your results)

Mobile number

If you would like the reports sent via email, you must provide a mobile number to enable a security PIN to be supplied.

NB. Email is considered insecure and subject to abuse, typographical error, misdirection or non-delivery. We will make every effort to email the result as you request, but can take no responsibility should you fail to receive the email or your privacy is breached.

*I consent to being contacted by Melbourne Pathology regarding payment for the provision of historical results greater than 6 months old (\$10 per episode up to a maximum of \$150).*

Date(s) of service \_\_\_\_\_

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of witness

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

Please return this form to:  
Melbourne Pathology Results Department  
103 Victoria Parade,  
Collingwood Vic 3066  
Email: [results@mps.com.au](mailto:results@mps.com.au)  
Fax: 03 9287 7898