



Lab ID

PSD staff, please scan or fax and send completed form with referral and specimen

Patient authority to release pathology results

Results will be sent approximately 14 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 have read this form in full and acknowledge that pathology test results contain sensitive information and medical terminology which Melbourne Pathology recommends should be reviewed in consultation with a medical practitioner for translation and interpretation.

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
Fax: 03 9287 7898