



LabCorp and Quest Data Release Form

By signing this document, _____ (Practice Name) authorizes the release of its lab results ordered from Quest and LabCorp into the CRISP Health Information Exchange. All CRISP Policies and Procedures and Privacy and Security policies apply to this data transfer. Please Fill out all fields, sign at bottom, and email to support@crisphealth.org or fax to 443-817-9587.

Practice Name: _____

LabCorp Account Number: _____

Quest Account Number: _____

Practice Address: _____

Practice City: _____

Practice State: _____ Practice ZIP: _____

Practice Phone: _____

Primary Contact Name: _____

Primary Contact E-mail: _____

Signature: _____

Printed Name: _____

Title: _____

Date Signed: _____