

LabCorp and Quest Data Release Form

By signing this document, the CRISP Participating Organization listed below 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.

Participating Organization Legal Name: _____

Participating Organization DBA Name: _____

LabCorp Account Number: _____

Quest Account Number: _____

Organization Address: _____

Organization City: _____

Organization State: _____

Organization ZIP: _____

Organization Phone: _____

Primary Contact Name: _____

Primary Contact E-mail: _____

For _____ :

Signature: _____

Printed Name: _____

Title: _____

Date Signed: _____

For CRISP:

Signature: _____

Printed Name: _____

Title: _____

Date Signed: _____