CMB LABORATORY
CONSOLIDATED MEDICAL BIO-ANALYSIS, INC.

CAP ACCREDITED™

CONSOLIDATED MEDICAL BIO-ANALYSIS, INC.

10700 Walker Street, Cypress, CA 90630
Phone: 714-657-7369 | 800-426-2522
Fax: 714-816-1500 cmblabs.com

AUTHORIZATION LETTER

Date:

I, _____ of _____
(Manager/Doctor) (Name/Address of client/Institution)
_____, is hereby requesting and giving an authorization to (CMB) Consolidated Medical BioAnalysis, Inc., our contracted laboratory to print patient's confidential results (HIV Testing Results) through remote printing machine and/or fax machine.

Furthermore, I am aware of the Department of Health and State Law Regulation and Requirements that HIV test results are confidential and not to be re-released to anyone without signed authorization. On behalf of _____ (Patient), or check ___ for all patients, I release, Consolidated Medical BioAnalysis, Inc. from any responsibility that this decision may have caused

ACKNOWLEDGED BY:

_____
PRINT NAME (client designated office)

_____
SIGNATURE

_____
DATE

WITNESSED BY:

_____
PRINT NAME

_____
SIGNATURE

_____
DATE