IDENTIGENE® REPORT RELEASE FORM

FAX COMPLETED FORM AND COPY OF PHOTO ID TO 801-462-1403 OR MAIL TO IDENTIGENE, 2495 S. WEST TEMPLE, SALT LAKE CITY, 84115

1 Test Results

Please send results by: ☐ **Online** (www.identigene.com) - email address and password REQUIRED
☐ **Mail** (a $25 fee is required for each additional mailed report)

My Identigene Case Number is: T

PLEASE PRINT CLEARLY ON THIS FORM. If you need assistance in completing this Order Form, call Mon- Fri, 9 am - 8 pm ET at 1-888-404-4363.

First Name (Given Name):

Middle Initial:

Last Name (Family Name):

(Jr., Sr., III, etc.):

Address:

Floor, Suite, Apt Number, etc.:

City:

State:

Zip/Postal Code:

Country:

Phone - include area code (and country code if outside the U.S./Canada

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If you have already registered an email address and results password please leave these fields blank.

CREATE A LOGIN (email address required):

CREATE A PASSWORD (case sensitive):

Notes

Payment

A $25 fee is required for each additional mailed copy of your report.

☐ **Please mail a copy of my report to the address above.**

☐ I have enclosed money order made payable to IDENTIGENE for $25.

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number:

I authorize IDENTIGENE to charge my card $25 for each duplicate report requested.

Exp.: (MM/YY)

Signature:

Date:

2 Authorization

I am: ☐ **a Client** ☐ **a Participant** ☐ **a Contact or Representative authorized by a Client or Participant**

of the test referenced above (Case Number) and am requesting that my case contacts and/or distribution of my test results be changed or amended to include the information on this form.

Print Name:

Signature:

Date:

A COPY OF YOUR VALID PHOTO ID IS REQUIRED TO VERIFY YOUR AUTHORIZATION TO CHANGE INFORMATION FOR THIS CASE.

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