



Request for Fax Results

In order for the Laboratory for Personalized Molecular Medicine to deliver your results by fax we must have an authorized fax number. This authorized fax number will be utilized to routinely send patient test results so please ensure the fax is in a secure location to prevent unauthorized distribution of protected health information. This form must filled out completely and be signed by an authorized individual at your institution. Please FAX back the completed and signed form to LabPMM at 858-430-4538

Institution: _____

Attention Line: _____

Address: _____

**Authorized Fax
Number:** _____

Phone Number: _____

Other Comments:

Printed Name

Signature

Date