

Oregon Health Authority
Oregon State Public Health Laboratory
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Hillsboro, OR 97124
503-693-4100
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Laboratory Test Result Request Form

To comply with the Health Insurance Portability and Accountability Act (HIPAA), this form is used to verify the identity of a patient (or his or her authorized representative) requesting a copy of laboratory test results. If this request form is not filled out by the patient at the Oregon State Public Health Laboratory (OSPHL), it must be notarized to be considered. [Notary: Please verify the identity of the person making this request and then forward to the address above.]

Patient name: _____

Date of birth: _____

Type of test(s): _____

Approximate date of collection: _____

Signature and date: _____

If parent / guardian of a minor, please print requestor's name: _____

For Newborn Screening results, please provide the Mother's name and Date of Birth below:

Verification of Identity:

If request is mailed, have the notary seal and date the envelope prior to sending.

If request is made in person, present a government issued picture ID.

ID verified by OSPHL employee: _____ on _____.

Mailing Address: Please provide the address where you want the results sent.

Name: _____

Address: _____

City, State, Zip: _____

Contact Phone Number: _____

For Notary Stamp: