

Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

Authorization and Consent for the Release of Medical Records- Instructions

SECTION 1:

- **Patient Information at time of testing:** Use this section to indicate information about the patient whose records are being sought. DCLS will use this information to query our records, please be specific and detailed.
 - If requesting NBS Results, the Field for the **Mother's Full Name** at the time of birth must be completed.

SECTION 2:

- **Laboratory Report type(s):** Use this section to specify what type of laboratory report you are requesting or what type of testing was performed. Examples of tests: tuberculosis, newborn screening, or influenza.
- **Approximate specimen collection date:** Use this section to approximate the date your specimen was collected and sent to DCLS. A range of dates can be entered.
- **Send report to:** Use this section to specify where you would like the copy of the report(s) sent.

SECTION 3:

- **Validity:** The patient or designee *must* sign the request form. Forms that are not signed will not be processed.
- **Power of Attorney:** Legal documentation proving power of attorney for the patient *must* accompany the request form.

SECTION 4:

- **Notary Section:** Have the request form notarized. If a notary is unavailable, you may send a photocopy of your driver's license as proof of your identity.

Once completed, send the form to:

Division of Consolidated Laboratory Services
Attention: Patient Report Requests
600 North 5th Street
Richmond, Virginia 23219

Consent Form – Medical Records C

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Page 1 of 1