



## LabCorp and Quest Data Release Form

By signing this document, the CRISP Participating Organization listed below authorizes the release of its lab results ordered from Quest and LabCorp into the CRISP Health Information Exchange. All CRISP Policies and Procedures and Privacy and Security policies apply to this data transfer. Please Fill out all fields, sign at bottom, and email to [support@crisphealth.org](mailto:support@crisphealth.org) or fax to 443-817-9587.

Participating Organization Legal Name: \_\_\_\_\_

Participating Organization DBA Name: \_\_\_\_\_

LabCorp Account Number: \_\_\_\_\_

Quest Account Number: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization City: \_\_\_\_\_

Organization State: \_\_\_\_\_

Organization ZIP: \_\_\_\_\_

Organization Phone: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact E-mail: \_\_\_\_\_

**For** \_\_\_\_\_ :

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**For CRISP:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_