



Authorization to Release Specimen to External Entity

Please complete the following information below in order to request the transfer of a specimen from Variantyx to an external entity.

Patient Information

First Name	Last Name	MI	DOB
Address		ID / MR#	
City	State	Country	Zip code
Phone		Email	

Sample Information

Variantyx test number (if available)	Sample Type
Required shipping/ storage conditions	Minimum amount of specimen requested

Receiving Facility Information

Institution / Company Name	Contact Name (if available)		
Address	ID / MR#		
City	State	Country	Zip Code
Phone		Email	

Ordering Healthcare Provider

First Name	Last Name	Title	NPI#
Facility Name		Facility Address	
City	State	Country	Zip Code
Phone	Email	Fax	

Payment Information

Shipping Company	Shipping Account Number
Other (<i>*Please fill in other payment information</i>)	

**If no shipping company is added please provide a pre-labeled kit.*

Comments

This authorization ends sixty (60) days from the date of signature below.

Authorized Signatory: I hereby request and authorize Variantyx, Inc. to release the specimen listed above from an external entity. I relieve Variantyx, Inc from any liability regarding damage or loss of the specimen during shipping and subsequent testing. By signing below, I verify that I am the ordering health care provider and consent to this release.

Signature _____ Date _____