



Arizona Department of Health Services/Bureau of State Laboratory Services
Verification and Authorization Checklist for Obtaining Test Results

NAME OF PATIENT: Last First Middle

Patient's Date of Birth: mm dd yyyy

Patient's Address: Street City State Zip Code

Name of Requestor: Last First Middle (if different than patient)

Requestor's Address: Street City State Zip Code (if different than patient)

Requestor's relationship to patient: Self, Parent of minor child, Legal Guardian, Relative, Spouse, Advocate, Legal representative

Method of Identification: Written request received Date received:

Documents for verification of identification (check those provided):

- For child: Doctor, clinic, or hospital record, Religious record, Daycare center, school record, School ID card, Birth Certificate, Tribal Record, Adoption record
For adult: Driver's license, Military record, Life insurance policy, Passport, Adoption record, School ID card, Employer ID card, Marriage or divorce record, Health insurance card, Birth Certificate, Tribal Records

- Authority to receive the test results for the patient (please check applicable authority): Patient is requesting for self, Written authorization from recipient, Health care decision maker for patient, Legal representative of recipient's estate, Parent or health care decision maker of minor patient, Other (please explain)

DOCUMENTATION OF AUTHORITY TO RECEIVE PROTECTED HEALTH INFORMATION (PHI) MUST BE ATTACHED TO THIS VERIFICATION AND AUTHORIZATION CHECKLIST

Identification verified by:

ASPHL Employee's Name Signature

Title Date