WESTPAC LABS

A Sonic Healthcare Company

Instructions

1. Download and complete the Region, Personal Information, and Delivery Instructions sections of the Medical Records Request and Release form.

   NOTE: Authorized representatives of patients must provide supporting documentation to that effect, i.e. Patient Authorization, copies of Power of Attorney, Certificate of Conservatorship, or another official legal document.

2. Submit:
   - in person by presenting the request form, copy of a valid photo ID and, if applicable, supporting documentation to any WestPac Labs location.

   - via email to the email address for your region as listed on the form. *Remember to include a copy of a valid photo identification and, if applicable, supporting documentation*.

   - via fax, Attn: Client Service Department to the fax number for your region as listed on the form. *Remember to include a copy of a valid photo identification and, if applicable, supporting documentation.*

Please note that while most requests are processed immediately upon receipt, California State law allows the laboratory 15 days in which to fulfill each request. In some cases, requests may require additional processing time in addition to the 15 days. If this occurs, you will be notified.

Advice to Patients Receiving Clinical Laboratory Results

Appropriate medical expertise is required for the correct interpretation of clinical laboratory results, and is not available from laboratory personnel. Caution is urged in regard to individual interpretation of these clinical laboratory results.

Please consult your physician.

Under no circumstances should any action be taken based on these values without first discussing them with your physician/practitioner.

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Place Barcode Here

Medical Records Request and Release

REGION

☐ Bakersfield (PAL Patients) Fax: (661) 327-9163 Email: PatientRecords_BAK@westpaclab.com	☐ California (WPL Patients) Fax: (562) 906-6490 Email: PatientRecords_SFS@westpaclab.com	☐ San Luis Obispo (CCPL Patients) Fax: (661) 327-9163 Email: PatientRecords_SFS@westpaclab.com

PERSONAL INFORMATION

Patient Name				**Staff Use Only** ☐ Photo ID Verification
Date of Birth		Phone Number		
Date(s) of Service		Ordering Physician(s)		
Comments				

DELIVERY INSTRUCTIONS

☐ Mail	Address:
☐ Email	Address:
☐ Fax	Number:

Please note that while most requests are processed immediately upon receipt, California State law allows the laboratory 15 days in which to fulfill each request. In some cases, requests may require additional processing time in addition to the 15 days. If this occurs, you will be notified.

CONSENT

I hereby request WestPac Labs release copies of my laboratory results.

Signature of Patient or Legal Guardian (if minor): _____ Date: _____

Signature of Personal Representative*: _____ Date: _____

*Must be accompanied by supporting documentation (for example letter from the patient, Power of Attorney, Certificate of Conservatorship, or another official legal document).

State law does not permit access to a minor's sensitive lab results (for example, tests pertaining to pregnancy, HIV or other STI's [sexually transmitted infections] without authorization.

ACCESSION INFORMATION **(STAFF USE ONLY)**

Sample ID or Accession Number(s) (If additional space is required, attach list)					
Request Received By (Employee Name or ID)		Date		Dept or PSC:	

1ST Reply Sent: ___/___/___. Initials: 2nd Reply Sent ___/___/___. Initials: No Response, Sent to Imaging ___/___/___. Initials:

Results provided to patient and/or personal representative? ☐ Yes ☐ No