

## 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 <a href="mailto:support@crisphealth.org">support@crisphealth.org</a> or fax to 443-817-9587.

| Participating Organization Legal Name: |                           |
|--|---------------------------|
| Participating Organization DBA Name:   |                           |
| LabCorp Account Number:                |                           |
| Quest Account Number:                  |                           |
| Organization Address:                  |                           |
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| For                                    | : For CRISP:              |
| Signature:                             |                           |
| Printed Name:                          | Printed Name: Craig Behm  |
| Title:                                 | Title: Executive Director |
| Date Signed:                           | Date Signed:              |