



COVID-19 Certification and Test Result Release Form

If you need us to send your test results and certification directly to a third party, such as a school, hospital, or government agency, please complete this form. By submitting this form, you authorize Cytogence to send a copy of your test results and certification to the named party listed below.

Please send your completed form to: **support@cytogence.com OR Fax # 205-238-5513**

Your Test Information

Name:		Test #:	
DOB:	Gender:	Lot #:	
Method:	Testing Kit:	Test Date:	
Specimen:		Specimen Collected:	
ID Type:	ID #:	ID Exp. Date:	

Recipient Information

Recipient Name:			
Delivery Method (please select at least one):	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Postal
Email:	Fax #:		
Mailing Address:			

I hereby authorize Cytogence to release my COVID-19 test results and certification to the third-party listed above. I understand that this information may be used for travel, work, or other purposes as required.

Signature

Date