LINEAGEN

LINEAGEN INC., 423 WAKARA WAY, SUITE 200, SALT LAKE CITY, UTAH 84108
WWW.LINEAGEN.COM | TOLL FREE 888-888-OPEN (6736)

firststep DX BUCCAL

Authorization to Release Dup15q Alliance Registry Information

Date:_____

Requesting Party:

Your Printed Name: _____ Relationship to Patient:_____

Patient Name: _____ Patient Date of Birth:_____

I, the undersigned, hereby authorize the Dup 15q Alliance Registry to share with Lineagen the above-listed patient's information for purposes of the Clinical Partnership between the Dup15q Alliance and Lineagen.

I understand that this information will not be de-identified. I also understand that Lineagen, Inc. is a health care provider who must follow the federal privacy standards.

Release To:

Lineagen, Inc.
423 Wakara Way, Suite 200
Salt Lake City, UT 84107
Phone: 801-931-6200
Fax: 801-931-6201

Signatures:

By signing below I represent and warrant that I have authority to sign this document and authorize the use or disclosure of protected health information and that there are no claims or orders pending or in effect that would prohibit, limit, or otherwise restrict my ability to authorize the use or disclosure of this protected health information.

_____ _____

Signature of Requesting Party Date