



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



UCC

Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland



Ospidéal Ollscoile Chorcaí
Cork University Hospital

Consent form for the release of patient information

Please refer to the MVDRL Service Users Manual for test information which is available on-line*.

Patient Details

Patient name: _____ **DOB:** _____
(Please use BLOCK CAPITALS)

Address: _____

PATIENT CONSENT

I _____ hereby give my consent to the Molecular Virology Diagnostic Laboratory to release copies of the results for the following tests:

Test results required: _____

Signed: _____ **Date:** _____
(Patient signature)

Witnessed: _____ **Date:** _____
(Competent person or guardian)

Dispatch details (please forward a copy of the test report to the following address)

Clinician name: _____
(Please use BLOCK CAPITALS)

Address: _____

FOR LABORATORY USE ONLY

Authorised by¹: _____ **Date:** _____

¹Prof. Liam Fanning, PhD, DSc. Director, MVDRL.

