



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 by<sup>1</sup>:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<sup>1</sup>Liam Fanning, PhD, DSc. Director, MVDRL.