



National Virus Reference Laboratory

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**CONSENT FORM FOR THE RELEASE OF PATIENT INFORMATION**

I, \_\_\_\_\_ D.O.B \_\_\_\_\_

(Patient Name: please print)

(Patient Date of Birth)

hereby give my consent to the National Virus Reference Laboratory to release copies of the results for the following tests

\_\_\_\_\_  
(Test results required)

Additional information (e.g. sample date) \_\_\_\_\_

**Signed:** \_\_\_\_\_

(Patient's Signature)

**Witnessed by:** \_\_\_\_\_

(Doctor/Nurse's Signature)

**Please forward the results to:**

**Clinician/s Name (please print):** \_\_\_\_\_

**Address:** \_\_\_\_\_