



Individual submitter authorization to access data on Revvity Omics website

The person or persons named below are accessing the website for the sole purpose of obtaining patient screening results from Revvity Omics and are only permitted to do so with the following representations: (1) such person or persons have been duly authorized to access the website by the participating hospital; (2) any patient information obtained from the website will only be used for the purpose of diagnosis and treatment of patient(s) or to support the on-going operations of the participating hospital, including, but not limited to, quality assurance, research, reimbursement and other administrative functions; and (3) all persons who access the website agree to treat all patient information as "protected health information", as defined under the HIPAA Privacy Rules, and agree not to utilize or further disclose such information other than for the authorized purposes provided for in this Authorization or as otherwise permitted under HIPAA.

Please type or write legibly to avoid delays in creating your account

Name of submitting hospital/individual:

Address: _____

Phone number: _____ Email address: _____

Fax number: _____

Name of individual requesting access: _____

Signature of individual requesting access: _____

This individual is requesting access to the following birth facilities: If additional room is needed, attach an extra sheet.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return this signed/completed form via email to revvitygenetics.Information@revvity.com or fax to 412-220-0784

Received: _____

Request completed _____