RELEASE OF BLOOD TEST RESULTS TO THE ARKANSAS STATE ATHLETIC COMMISSION

I, ____________________________ (Patient Printed Name) authorize and instruct the laboratory or medical provider to issue/release the following test results via fax to:

The Arkansas Department of Labor & Licensing/Arkansas State Athletic Commission at (501) 682-9239

Required Test Results to be Submitted:

Hepatitis BsAg
Hepatitis C
Hepatitis C confirmation if performed
HIV 1 & 2
HIV confirmation if performed

_________________________________________  ____________________________
Patient Signature                                      Date