CombiMATRIX diagnostics - Electronic Reporting - Security Form

310 Goddard, Suite 150, Irvine, CA 92618
Client Services (800) 710-0624

This form is to request and document the security of a facsimile machine, printer, or Electronic Data Interface (EDI) for receiving electronic transmission of laboratory test results. I understand and accept full responsibility for maintaining the security and confidentiality of reports sent to this number.

Account Name: _____

Secure Fax #: _____ Effective Date: _____

Address where Secure Fax / Printer is located*: _____

***Please note: If you have more than one "secure" fax machine, please attach a separate list of these numbers on your letterhead. This list must be signed by an authorized person.**

Reports are faxed on the day of completion, with hard copies to follow in the mail if desired.

Signature

Authorized Contact- Print Name: _____ Phone: _____

Authorized Contact Signature: _____ Date: _____

Laboratory Reporting Methods Used

☐ Fax
☐ Printer
☐ Employer Solutions
☐ CPU/EDI (electronic download)

Please Check Desired Laboratory Report Delivery (if applicable):

◯ Fax number entered above is for faxing of reports. **Hard copy to follow.**

◯ Fax number entered above is for faxing of reports. **No hard copy to follow.**

***Prefer to receive your results in color? Ask about our Global View and Tech-Only Program (TOP) for more information on how you can view full color reports with anytime-anywhere access.*

***Global View**- Virtual Information Portal (VIP) provides anytime-anywhere access to your full color reports. Archived reports via secure internet transmission (SSL), as well as worklist-driven access to all your patient information.

****TOP**- All the benefits of Global View, plus customized full color reports on your letterhead with your own analysis and interpretation from clear, easy-to-interpret data driven by superior array performance.

Please fax this completed form to Client Services @ (949) 753-4725