

Consent for Test Results Retrieval

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, born on **[Your Date of Birth]**, hereby give my consent for the retrieval of my test results from **[Name of the Medical Facility/Doctor]**.

Details of the test:

- Test Name: **[Name of Test]**
- Date of Test: **[Date of Test]**

I authorize **[Name of Authorized Person]** to collect the test results on my behalf.

This consent is given voluntarily and the information gathered will be kept confidential.

Signature: _____

Printed Name: _____

Contact Number: _____