Penn Veterinary Medicine

Reference Andrology Laboratory
New Bolton Center – CAHP Bldg
382 West Street Road
Kennett Square, PA 19348-1692

Phone: 610-925-6562
Fax: 610-925-6834

AUTHORIZATION TO RELEASE INFORMATION

Company Name _____ Type of sample(s)_____

Contact Person _____

I hereby authorize the University of Pennsylvania, Reference Andrology Laboratory to release the following records/ information on the above-described type of samples submitted on: _____ approximate date(s).

Please send to:

☐ REFERRING DVM/VMD

_____
Name Street

_____
City State Zip Code

_____
Phone# Email Address Fax #

☐ OTHER

_____
Name Street

_____
City State Zip Code

_____
Phone# Email Address Fax #

☐ CHANGE or ADD DVM/VMD

_____
Name Clinic

_____
Address City/State Zip Code

_____
Phone# Email Address Fax #

I hereby release the University of Pennsylvania, New Bolton Center, its employees, officers, agencies, and attending clinician(s) from any legal responsibilities or liabilities for the release of this information to the extent indicated and authorized herein.

_____ _____
Authorized Signature Date

_____
Please Print Name