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### Consent Form For Results

Surname:- .....

Forenames:- .....

Date of Birth:- .....

Address:- .....

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Telephone Number:- .....

Date of Test(s).....

I give my consent for the following person(s) to collect the results of my blood/urine results.

Name:- .....

Relationship:- .....

Name:- .....

Relationship:- .....

I would also like the above person(s) to collect the results for any further tests that I may receive in the future.

Yes/No:- .....

Further Instructions:- .....

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Signature:- .....

Date:- .....