

FORM (Business Office)	  <b>LADDL</b> Louisiana Animal Disease Diagnostic Laboratory	Effective: 08/10/2018
DCN: BUS-FRM-110.2		Supersedes: DCN [Title] 1.1
<b>AUTHORIZATION TO RELEASE RECORDS</b>		

**LOUISIANA ANIMAL DISEASE DIAGNOSTIC LABORATORY**

River Road, Room 1043

Baton Rouge, LA 70803

Phone: 225-578-9777 | Fax: 225-578-9784 | Email: [laddlreferrals@listserv.lsu.edu](mailto:laddlreferrals@listserv.lsu.edu)

**INDIVIDUAL OR ENTITY REQUESTING RECORDS:**

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

I the undersigned, certify that I have the authority to authorize release of information pertaining to the LADDL accession number(s) indicated in this form. I further AUTHORIZE release of information to the extent indicated in this form to the requesting party listed above.

**INFORMATION TO BE RELEASED:**

(e.g., all, submission form, lab results, test reports)

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\_\_\_\_\_

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\_\_\_\_\_  
**Client Name (please print)**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

**LADDL USE ONLY**

ACCESSION NUMBER(S): \_\_\_\_\_

RELEASED BY: (I/D) \_\_\_\_\_