

ClinGen Patient Data Sharing Program
Geisinger Health System
120 Hamm Drive
MC: 60-36
Lewisburg, PA 17837
Toll-free: 1-855-322-7683 Fax: 570-522-9431
Email: datashare@clinicalgenome.org



AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Relationship to Patient: _____
(if applicable)

I request and authorize _____ to release
Name of provider that ordered testing or laboratory that completed testing

healthcare information of the patient named above to:

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This request and authorization applies to:

Reports from all genetic testing, including, but not limited to, microarray, whole exome, whole genome, next generation sequencing (WES/WGS/NGS) or parental testing results.

This information will be used as part of the patient's participation in the ClinGen Patient Data Sharing research study. This authorization will expire eighteen months from the date signed.

Patient or Parent/Guardian Signature: _____

Date Signed: _____