

INTERNET REGISTRATION FORM

I _____ (Client ID# _____) am requesting a Username and Password to access my laboratory test results from Primex Clinical Laboratories via Internet.

I am fully aware of the fact that this unique Login name and Password is assigned to me personally and I am not to share this information with anyone due to Privacy issues and HIPAA Regulations.

By signing this form I agree and accept the terms set by Primex and HIPAA (Health Insurance Portability and Accountability Act) Regulations.

Physician Name

Physician Signature

Date

Note: As a security measure Primex Clinical Laboratories, Inc does not keep record of your username and password and can not retrieve it. In case of forgotten or misused password Primex will need to cancel your account and re-create a new username and password.