

AUTHORISATION FOR COLLECTION OF MEDICAL REPORT

Important Note

This form is required if an authorised representative is collecting the completed medical report on behalf of the *Patient/Requestor Medical Report Consent and Application Form. The medical report will not be released otherwise.

Authorised Representative's relationship to the*Patient/ Requestor: _____

Authorised Representative's contact number: _____

Letter of Authorisation

I, _____ (*Patient/ Requestor), ID no. _____
hereby appoint _____ (Representative's Full Name),
ID no. _____ as my representative and authorise *him/ her to collect the medical
report on my behalf.

I am aware that *he/ she is required to produce the following documents on the day of collection:

- 1) A signed NUP Letter of Authorisation
- 2) *His/ Her ID (for verification purposes only)
- 3) My ID (for verification purposes only)

Name of *Patient/Requestor
(in BLOCK LETTERS)

Signature of *Patient/ Requestor & Date

Name of Authorised Representative
(in BLOCK LETTERS)

Authorised Representative's Signature & Date

*Delete as appropriate

For NUP Use

NUP Reference No.: _____

Collected By: _____ [Name & Signature] on _____ [Date]

Verified by: _____ [NUP staff]