

# 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]