



Disclaimer Form

Please complete this form prior to your appointment and bring it with you.

Name: _____ Phone Number: _____

I.C Number: _____ Email: _____

I understand that:

- Laboratory results from Lablink Medical Laboratory are for informational purposes only and are not a substitute for medical advice, diagnosis, or treatment.
- I am aware that I should consult a qualified medical practitioner before I stop, start, or change any treatment plan, including the use of medication.
- I am responsible to ensure that the laboratory result must only be interpreted by qualified medical practitioners who are expert and have knowledge in laboratory medicine.
- Neither Lablink Medical Laboratory, nor its employees will interpret the results for me.
- Lablink will not be responsible for any misinterpretation of results from other parties.
- Laboratory tests are not a substitute for a full medical evaluation.
- Results within the normal range do not ensure health.
- Results that fall outside the normal range may not indicate disease.

Please initial each statement:

- I will not hold Lablink Medical Laboratory, its officers, director, employees, affiliates, and sponsors liable for any outcomes which may result from my participation in this testing option. _____
- I understand that positive results to Hepatitis A, Hepatitis B, and Hepatitis C must be reported to the Health Department according to specific regulations. _____
- I understand that I am expected to pay Lablink Medical Laboratory in full at the time of service, that no other billing will occur, and that there is no refund option available. _____
- If I have requested that my results be mailed to me at the address listed above, I retain all responsibility should someone else at that address access these results. I have also provided a phone number at which I can be reached in the event that critical lab values are reported. _____

I have read and understand the information provided to me in this disclaimer.

Signature _____

Date _____

Authorized Representative Signature _____

Relationship _____

