

Dear Blood Lead Test Submitter,

Great News! We are rolling out two FREE options to expedite delivery of your blood lead test results. Election of one of these two options will reduce your overall test result delivery time by around three to seven days, or the time in transit of mailed result delivery via the US Postal Service (USPS).

The <u>first</u> option is by secure (128-bit encrypted) posting of the clinic result file (PDF) to our website, with email notification to your registered user(s) as new clinic result files are available to view and print; the <u>second</u> option is by fax to your designated staff member's name at your designated fax number.

Either express delivery option requires signed agreement by an authorized representative. To opt-in to one of these FREE express delivery methods, please indicate the desired option, provide the requested information, sign or have signed below, and fax back to 303-794-1093.

Express Secure Web Delivery; Email Notification	Option (check if interested)	
Clinic Account #		
Clinic Name		
Staff User Name (First & Last)		
Staff User Email Address(Account login information will be emailed to staff us		sword upon receipt)
Clinic Account #		
Clinic Name		
Designated Fax# ()		
Fax Attention Name (First & Last)		
I, representative of the clinic named above, authorize the test results via the selected method above in lieu of para delivery option above, I acknowledge that Tamarac' fulfilled upon Tamarac either posting the results to above-designated individual that the results are avan Delivery Option is selected), or faxing the results to the Delivery Option is selected). It is the responsibility of from Tamarac (results@tamaracmedical.com) are performed.	aper result delivery via the USPS is obligation to deliver blood leadits website and providing emailiable for secure download (in the above-designated individual (if the organization listed above to	o receive blood lead S. Upon selection of d test results will be I notification to the the event the Web in the event the Fax
Signature of Authorized Representative	Title	Date