

PROMETHEUS ProNet Delegate Assignment Form

Access to on-line Test Results is only provided to the ordering physician, sending laboratory and other healthcare professionals assigned by the ordering physician as a delegate (e.g. nurses and group member physicians.). This form is used to identify a delegate and document authorization to assign or remove a delegation by an ordering physician.

Please Note: ***Both the ordering physician and delegate must have completed an Online Access Agreement. A password will be mailed/emailed to the delegate once both forms are received.***

DELEGATE (*Access to Test Results through ProNet by an individual not recognized as either the ordering physician or a qualified agent of the referring laboratory is limited to the authorization(s) listed below.*)

Delegate 1: _____

Delegate 2: _____

Delegate 3: _____

DELEGATOR (*only licensed medical professionals may assign a delegate to access Test Results on ProNet*)

Printed Name: _____

- I hereby declare the Delegate named above is authorized to access Test Results for which I am the ordering physician.
 I wish to remove authorization for the above Delegate to access Test Results for which I am the ordering physician.

Signed _____ **Date** _____

DELEGATOR (*only licensed medical professionals may assign a delegate to access Test Results on ProNet*)

Printed Name: _____

- I hereby declare the Delegate named above is authorized to access Test Results for which I am the ordering physician.
 I wish to remove authorization for the above Delegate to access Test Results for which I am the ordering physician.

Signed _____ **Date** _____

DELEGATOR (*only licensed medical professionals may assign a delegate to access Test Results on ProNet*)

Printed Name: _____

- I hereby declare the Delegate named above is authorized to access Test Results for which I am the ordering physician.
 I wish to remove authorization for the above Delegate to access Test Results for which I am the ordering physician.

Signed _____ **Date** _____

Fax completed form to (877) 816-4019