This form is to be used to confirm consent of a patient to the release of laboratory results held in the St. James’s Hospital laboratory computer system, to a General Practitioner other than the original requesting General Practitioner, i.e. from one GP to another, as required by the Data Protection Acts and the GDPR.

**N.B. Requests from an external hospital for laboratory results relating to episodes of care for patients of SJH should be directed to the SJH Medical Records office at 4162670 / 4162671.**

**Consent**

I, (**Print Full Name**), / / (**Date of Birth**)

of (**Enter Home Address**)

give permission to (**Full Name of GP Requesting Data**)

of (**enter GP Practice address**)

to receive the laboratory reports listed below held in the computer system of SJH laboratory

under (**Name of original requesting GP**)

of (**enter address of original requesting GP**)

during the period / / to / / (enter the dates)

**Reports Required (please tick one)\*\***

□ All Reports generated between the dates specified above

□ All reports between the above dates except the following:

□ The following reports only:

**\*\* Requests for reports on investigations in Histopathology or Serology / Virology should be made directly to the original requesting GP.**

**Patient’s Signature: Date: / /**

**Signature of GP Receiving the Results: Date: / /**

**Medical Council Registration Number of GP Receiving the Results:**