

**Direct Release of Test Results to
Arkansas Department of Health/ Arkansas Athletic Commission**

I _____ (print patient name)
authorize and instruct the laboratory or medical provider to issue/release the
following lab test results via fax or email to:

Arkansas Athletic Commission/Arkansas Department of Health

Fax number: (501) 255-0394

Email: Arkansas.State.Athletic.Commission@arkansas.gov

Required Test Results to be submitted

Hepatitis BsAg

Hepatitis C

Hepatitis C confirmation if performed

HIV 1 & 2

Patient Signature

Date