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