

**Patient form instructing provider to issue results directly to
Arkansas Athletic Commission /Arkansas Department of Health**

I _____ authorize and instruct
the laboratory or medical provider to issue these lab test results:

Hepatitis BsAg
Hepatitis C
Hepatitis C confirmation if performed
HIV 1 & 2

To Arkansas Athletic Commission/Arkansas Department of Health

Fax number: 501-255-0394

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

Patient Signature

Date