

SJH CENTRE for LABORATORY MEDICINE & MOLECULAR PATHOLOGY				
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Patient Consent for Release of GP Laboratory Results

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.

- Requests from an external hospital for lab. results relating to episodes of care for patients of SJH should be directed to the Access to Information Office at aio@stjames.ie (01 416 2463 / 2485).
- Requests from an external hospital for laboratory results in the SJH laboratory system on patients from another hospital should be directed to the original requesting hospital.

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: _____