



## GENESYS BIOLABS

*Detecting Cancer – In the Beginning*

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### HIPPA Facsimile Verification Request

In order for Genesys BioLabs to utilize the FAX number provided by your healthcare facility, a signed verification form must remain on file. Once verified, Genesys BioLabs will use the FAX number to send confidential patient data, including test reports. Please complete the following information **(any authorized representative may sign)**

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Practice or Physician Name	Secure Fax Number
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Signature	Printed Name/Title of authorized representative

**\*Please notify Genesys BioLabs immediately regarding any changes related to the secure fax line.**