

# Application for Results Portal Access

## Applicant (Provider) Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 NPI Number (US Clinicians): \_\_\_\_\_  
 Institution Name: \_\_\_\_\_  
 Department/Practice Name: \_\_\_\_\_  
 Role with Account: ☐ Physician ☐ Genetic Counselor ☐ Nurse ☐ Account Admin ☐ Other: \_\_\_\_\_

## Please Give Me Access to (select one)

- ☐ **My Own Account:** Requesting this permission will give the applicant access to all test results that are assigned to you on the test requisition form either as the Ordering Provider or Send Additional Copy of Results to sections on the report.
- ☐ **An Ordering Provider Account:** Requesting this permission will give the applicant access to all test results that are assigned to the ordering provider specified below. This permission level should be used by applicants managing results for health care providers.  
 Provider Name: \_\_\_\_\_ Ordering Provider Number: \_\_\_\_\_  
 Provider Institution: \_\_\_\_\_
- ☐ **A Department/Location/Practice:** Requesting this permission will give the applicant access to all test results for all providers linked to a specific location/department/office specified below. This permission level may include access to results for multiple ordering providers, and should be used only by applicants that have approval from all applicable physicians to view and manage their test results.  
 Department/Location Name: \_\_\_\_\_  
 Institution/Customer Name: \_\_\_\_\_
- ☐ **An Institution/Customer:** Requesting this permission will give the applicant access to all test results for all providers linked to an entire institution and/or customer. This permission level may include access to results for multiple ordering providers and/or locations, and should be used only by applicants that have approval from all applicable physicians to view and manage their test results.  
 Institution/Customer Name: \_\_\_\_\_

## Applicant Attestation

The Applicant named above is requesting that PerkinElmer Genomics ("PerkinElmer") provide Applicant access to patient test results ("Results") on behalf of Applicant's practice, department, partners and/or institution indicated above (the "Organization") through PerkinElmer's online results portal (the "Portal"). Applicant, on his/her own behalf and behalf of the Organization, acknowledges, represents and warrants: (1) Applicant is authorized by the Organization to i) bind the Organization, ii) submit this Application, and iii) access the Results; (2) Applicant shall use the Portal solely to access Results to which Applicant is permitted by the Organization and applicable law or regulation, including, but not limited to, the Health Insurance Portability and Accountability Act; (3) Applicant and the Organization will use any Results or related patient information accessed through the Portal solely for the purpose of diagnosis and treatment of Applicant's patient(s), or for healthcare operations as permitted by applicable law or regulation; and (4) Applicant shall obtain and have all patient consents necessary to access and use the Results. Applicant and the Organization shall defend, indemnify and hold PerkinElmer Genomics and its employees, officer, directors, heirs and assignees harmless against any losses of any kind arising, directly or indirectly, out of Applicant's submission of this Application, use of the Portal, violation of the representations and warranties herein, or violation of applicable law or regulation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this signed/completed form by fax at 412-220-0785 or by email to [Genomics@perkinelmer.com](mailto:Genomics@perkinelmer.com)**

It you need to change, restrict, or cancel access for an individual's access to our Online Results Portal due to a change in staffing, roles, and/or responsibilities at your clinical practice or institution, please contact us [Genomics@perkinelmer.com](mailto:Genomics@perkinelmer.com)

Internal Use Only

Received: \_\_\_\_\_ Request Completed: \_\_\_\_\_