



PROMETHEUS[®] Delegate Assignment Form

*Access to on-line Test Results is only provided to the ordering physician, sending laboratory and other healthcare professionals assigned by the ordering physician as a delegate (e.g., nurses and group member physicians.) This form is used to identify a delegate and document authorization to assign or remove a delegation by an ordering physician. **Both the ordering physician and delegate must have completed an Online Access Agreement. A password will be mailed to the delegate once both forms are received.***

DELEGATE (Access to Test Results through ProNet by an individual not recognized as either the ordering physician or a qualified agent of the referring laboratory is limited to the authorization(s) listed below.)

Name: _____

DELEGATOR (only licensed medical professionals may assign a delegate to access Test Results on ProNet)

Printed Name: _____

- I hereby declare the Delegate named above is authorized to access Test Results for which I am the ordering physician.
 I wish to remove authorization for the above Delegate to access Test Results for which I am the ordering physician.

Signed **Date**

DELEGATOR (only licensed medical professionals may assign a delegate to access Test Results on ProNet)

Printed Name: _____

- I hereby declare the Delegate named above is authorized to access Test Results for which I am the ordering physician.
 I wish to remove authorization for the above Delegate to access Test Results for which I am the ordering physician.

Signed **Date**

DELEGATOR (only licensed medical professionals may assign a delegate to access Test Results on ProNet)

Printed Name: _____

- I hereby declare the Delegate named above is authorized to access Test Results for which I am the ordering physician.
 I wish to remove authorization for the above Delegate to access Test Results for which I am the ordering physician.

Signed **Date**

DELEGATOR (only licensed medical professionals may assign a delegate to access Test Results on ProNet)

Printed Name: _____

- I hereby declare the Delegate named above is authorized to access Test Results for which I am the ordering physician.
 I wish to remove authorization for the above Delegate to access Test Results for which I am the ordering physician.

Signed **Date**

Fax completed form to: (877) 816-4019

QUESTIONS: Call Prometheus Client Services at (888) 423-5227, Option #1