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| Supervisor Report No. |
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Supervisor Report Participant Authorisation Form

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| Individual Participant No. |
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Following a request from the Co-ordinator, of the <.....> group to set up a Supervisor Report, we require your permission to release your data for this purpose. The Supervisor Report will be printed after each Survey Report and at the end of a cycle for all nominated programs. All confidentiality provisions apply to these reports.

I, of

.....
hereby authorise the disclosure of my results to the Co-ordinator of the <.....> Supervisor Report for the following programs:

- | | | | |
|------------------------------------|--------------------------|------------------------|--------------------------|
| Alcohol/Ammonia | <input type="checkbox"/> | Liquid Serum Chemistry | <input type="checkbox"/> |
| Bile Acids | <input type="checkbox"/> | Neonatal Bilirubin | <input type="checkbox"/> |
| Blood Gases & Co-oximetry | <input type="checkbox"/> | Plasma Metanephrines | <input type="checkbox"/> |
| BNP | <input type="checkbox"/> | PoCT | <input type="checkbox"/> |
| Condensed Serum Chemistry | <input type="checkbox"/> | Porphyryns | <input type="checkbox"/> |
| CSF | <input type="checkbox"/> | Special Drugs | <input type="checkbox"/> |
| Endocrine | <input type="checkbox"/> | Special Lipids | <input type="checkbox"/> |
| Fresh Whole Blood Glycohaemoglobin | <input type="checkbox"/> | Sweat Electrolytes | <input type="checkbox"/> |
| General Serum Chemistry | <input type="checkbox"/> | Trace Elements | <input type="checkbox"/> |
| General Urine Chemistry | <input type="checkbox"/> | Tumour Markers | <input type="checkbox"/> |
| Glycohaemoglobin | <input type="checkbox"/> | Urine Pregnancy | <input type="checkbox"/> |
| IGF1/C Peptide | <input type="checkbox"/> | Vitamins | <input type="checkbox"/> |
| | | Other: | <input type="checkbox"/> |

Signed: Date: