myClinicalLabs Access Cancellation

I would like to cancel my access to the myClinicalLabs program.

Patient Name: _____

myClinicalLabs ID Card Number: _____

Date of Birth: _____

Address: _____

_____

Signature: _____

Date: _____

[For CLH Use]

Collected by: _____ Collection Date: _____

CLH FORM 1-B rev. 06/14/2017