



# ID CARD REQUEST FORM

## 1. Patient Information

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Legal Name (Last, First, M.I.)

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Address

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Date of Birth                      Gender                      Phone Number

   M      F      X

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Patient Signature and Date (required if patient is 14 or older):

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## 2. Request Authorization

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Please create a myClinicalLabs ID card for the patient specified above.

Signature (Patient, Parent, or Guardian):

Date:

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Requester Printed Name:

Requester Email:

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## 3. Print this ID Card Request form and complete the patient information and authorization

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## 4. Send the completed ID Card Request form to Clinical Labs of Hawaii

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- a. Patient must sign if 14 or older.
- b. You will be notified by email when the ID card is created.
- c. Send the ID Card Request Form to Clinical Labs of Hawaii:

- By Regular Mail

Client Services  
Clinical Labs of Hawaii  
99-193 Aiea Heights Dr  
Aiea, HI 96701

- By Fax

(808) 677-3970

- By Email

[Client.Service@hawaiilabs.com](mailto:Client.Service@hawaiilabs.com)

**Note:** Unencrypted email is not a secure form of communication and there is some risk that individually identifiable health information or other sensitive or confidential information contained in such an email may be misdirected, disclosed to or intercepted by unauthorized third parties

*Questions? Please call Client Services at (808)677-7998*