

**PROMETHEUS ProNet 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.

Please Note: ***Both the ordering physician and delegate must have completed an Online Access Agreement. A password will be mailed/emailed 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.)*

**Delegate 1:** \_\_\_\_\_

**Delegate 2:** \_\_\_\_\_

**Delegate 3:** \_\_\_\_\_

**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**