Ambry Genetics®

AmbryPORT®

Access Authorization Form

For Online Result Reporting

Contact Information		
Name (person completing form)	**Position**	**Specialty**
Contact Phone#	**Contact Fax#**	**Email Address**

Institutional Information		
Facility Name and Address (include departments, suite, rooms, etc)	**Institutional Email Address**	**Facility URL**
	Institutional Phone #	**Institutional Fax #**
Method of Result Reports Delivery:	**Are you a current client of Ambry Genetics?**	
☐ **AmbryPORT** ☐ **Fax** **Choose at least one or both**	☐ **Yes** ☐ **No**	

Please list all authorized personnel or departments (i.e. send out lab) to have access to AmbryPORT

Name	Position	Phone	Fax	Email Address	Receive All?

Authorizing Signature Date **X** Print Name rev 001	Document Prepared By: Date: Time:

Please Fax This Form Back To Ambry Genetics at 949-900-5501 / Use Additional Forms if Needed

Contact Client Services at 866-262-7943 with Any Questions