

**VIRGINIA DEPARTMENT OF HEALTH
MONOGRAM BIOSCIENCES**

**CLIENT CONSENT FORM
RELEASE OF INFORMATION**

I am giving consent to Monogram Biosciences to release the results of the Trofile™ test to my medical provider and the Virginia Department of Health.

Client consent for test: _____

Date: _____

Witness: _____

Date: _____

***IMPORTANT NOTE: Client must take a copy of this signed consent form to the laboratory collection site.**