Health Research Institute	**Licensed Health Care Provider Approval Form**	Rev: 1.2
Title: For Human Biological Sample Testing - California Customers Only		Page: 1 of 1

Date: _____

I, _____ (NPI: _____), as a licensed health care provider for patient _____ (Age: _____, DOB: _____), hereby approve their request to have _____(please specify: Urine, Hair, Saliva, Blood & Serum, and/or Amniotic Fluid) testing performed by Health Research Institute (HRI). I agree to follow up with my patient regarding the test results.

If you have any questions, please contact my office at: _____.

Thank you,

Signature: _____

Name: _____

Address: _____

Note: This approval letter is mandatory for California customers requesting human specimen testing services from HRI. After securing your approval and signature, the form may be emailed to **info@hrilabs.org** by either the health care provider or the customer.