

**NCVDLS Release of Liability and Confidentiality Form**  
**LIMS Email Attachment Reporting**

Account Name (Company/Clinic/Owner): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email Address(es): \_\_\_\_\_

The undersigned wishes to receive LIMS reports as an email attachment rather than receiving them through an email notification that contains a secure hyperlink.

1. I understand that client reports attached to an email are a less secure means of electronic delivery than the preferred method of emails containing a secure hyperlink to the NCV DLS LIMS Web portal.
2. By signing below I certify that I have the authority to make this change request for all the email accounts listed on this form.
3. I understand that the NCDA&CS may terminate this agreement at any time.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Authorizing Name (print name)

**Return completed forms by email, fax, or postal mail to:**

Rollins Laboratory  
1031 Mail Service Center  
Raleigh, NC 27699-1031  
Fax: 919-733-0454  
Email: [NCVDL@ncagr.gov](mailto:NCVDL@ncagr.gov)

<i>This section to be completed by NCV DLS:</i>	
Date Received: _____	Date Completed: _____
Completed by: _____	