Victorian Clinical Genetics Services
Murdoch Children's Research Institute
The Royal Children's Hospital
Flemington Road, Parkville VIC 3052
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VCGS
Leaders in Genetic Health

Freedom of Information Application Form

Patients Details

First Name(s): ______________________ Surname: ______________________
Address: ____
______________________________________ Postcode: __________
Birth Date: _____/_____/_____ Hosp. UR No. (if known): ____________ Genetic File No. (if known): __________

Required Medical Information about the Patient

Information required (please specify):______________________________________
____
Photographs:____
Note: A copy of any relevant court order(s) must be included with your application.

Authority to Release Medical Information (must be completed)

To be completed and signed by (a) the **Patient** if 16 years or older, (b) the **Parent/Guardian** if the patient is under 16 years of age or (c) the **Next of Kin** if the patient is deceased**:**

I, ______________________________ of ______________________________
(Patient, Parent/Guardian, or Next of Kin) *(Address)*

do hereby authorise VCGS to release the patient information as requested above to myself (or to the third party as detailed below).

Signature:______________________________ Date: _______/_______/_______

A copy of identification that shows your signature is required. Current driver's license/passport is acceptable. Please include with your application.

To be released to (if different to Patient)

First Name(s): ______________________ Surname: ______________________
Address: ____
______________________________________ Postcode: __________
Phone No: ______________ Relationship (parent/other - please state): ______________________

Please hand your application to a Genetic Counsellor, or Fax: 03 8341 6390, Email: vcgs@vcgs.org.au or Mail to:

Freedom of Information – Clinical Administration
Victorian Clinical Genetics Services
Murdoch Children's Research Institute
50 Flemington Road
Parkville, Victoria, 3052

VCGS Clinical Administration to Complete (Office Use Only):

Date received:__________________ Request assessed and authorised by:______________________
Date information sent:______________ Signed: ______________________