


365 Great Circle Road, Nashville, TN 37228
Tax ID# 88-0241758

Records Invoice and Request Form

You **MUST** (1) select and complete either Option A or Option B, (2) provide shipping address, (3) submit appropriate payment, and (4) submit a valid and current authorization to release these records signed by the specimen donor, or an authorized personal representative. Completed form with payment payable to Aegis Sciences Corporation or completed credit card authorization must be mailed to: **Aegls Sciences Corporation, Attn: Accounts Receivable, 365 Great Circle Road Nashville, TN 37228.**

FORMS THAT ARE UNSIGNED OR THAT FAIL TO FULLY COMPLETE STEPS 1-4 WILL NOT BE ACCEPTED, AND NO RECORDS OR OTHER RESPONSE WILL BE PROVIDED.

STEP 1:

<input checked="" type="checkbox"/> OPTION A: \$20 Processing Fee - Records Only
I hereby request copies and production to the address below of the Aegis records concerning:
Specimen Donor Name: _____ Aegis Account Number: _____

<input type="checkbox"/> OPTION B: \$40 Processing Fee - Records and Records Custodian Affidavit
I hereby request copies and production to the address below of the Aegis records and Aegis' form Custodian of Records Affidavit (third party forms cannot be completed) authenticating the records concerning:
Specimen Donor Name: _____ Aegis Account Number: _____

STEP 2: Please produce the requested materials to:

Name: RECORDS DEPOSITION SERVICE, INC.
Shipping address or fax number P.O. BOX 5054, SOUTHFIELD, MI 48086-5054
PHONE: 248-357-3330 FAX: 248-357-3330 E-MAIL: REQUESTS@RECDEP.COM

STEP 3:

Check payable to Aegis Sciences Corporation included \$ 20 \ 40 (circle one)
Or
 Credit Card Authorization
Amount Authorized: \$ 20 \ 40 (circle one)
Method: ___ MC ___ VISA ___ AmEx ___ Discover
Card# _____ 3 or 4 digit Security Code on back of card _____
Expiration date _____
Name on Card _____
Billing Address _____
Authorized Signature: _____ Date: _____

STEP 4: Valid and current authorization to release records/PHI attached with this Form
(Authorization previously submitted must be resubmitted with this form)

SIGNATURE: _____ **DATE:** _____